FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

7805 CLUB HOUSE ESTATES DR

ORLANDO FL 32819-5027

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

ORLANDO FL 32819

CITY-ST-7:P

SIGNATURE:

7805 CLUB HOUSE ESTATES DR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jan 14 1997 8:00am

Secretary of State

DOCUMENT # P94000044010 (4)

BURGOS MECHANICAL CORP., INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 06/08/1994 03/19/1996 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3245885 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. # letc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name **BURGOS, CARLOS** 7805 CLUB HOUSE ESTATES DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam fam fam fam fam and accept the poligations of Section 607,0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE **BURGOS, CARLOS** 1.2 NAME NAME 7805 CLUB HOUSE ESTATES DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CHTY - ST- ZIF 1.4 CITY - ST - ZIP Change Addition DELETE 21 THILE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY - S1 - ZIE Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP DITY - ST - ZiP Change Addition DELETE 4.1 TITUE TITLE 4. 2 NAME MAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP Addition DELETE 60.100.8 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on it is armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name