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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 2:57

DOCUMENT # **P94000047199 (2)**

1. Corporation Name
T & A ENGINEERING, INC.

Principal Place of Business	Mailing Address
3929 PONCE DE LEON BLVD CORAL GABLES FL 33134	3929 PONCE DE LEON BLVD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1994**
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **65-0504866** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BORELL, THOMAS L
3929 PONCE DE LEON BLVD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (typed name of registered agent and title if applicable) (NEW Registered Agent's signature required for listed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN (Change / Addition)
TITLE	D	11 TITLE
NAME	BORELL, THOMAS A	12 NAME
STREET ADDRESS	1911 SW 126TH CT	13 STREET ADDRESS
CITY ST ZIP	MIAMI FL 33175	14 CITY ST ZIP
TITLE	D	21 TITLE
NAME	MAGNAN, ALFREDO J	22 NAME
STREET ADDRESS	1932 SW 124TH PL	23 STREET ADDRESS
CITY ST ZIP	MIAMI FL 33175	24 CITY ST ZIP
TITLE	D	31 TITLE
NAME	GARCIA, MARTIN	32 NAME
STREET ADDRESS	8875 SW 137TH CT	33 STREET ADDRESS
CITY ST ZIP	MIAMI FL 33175	34 CITY ST ZIP
TITLE	D	41 TITLE
NAME	CARDONA, ANTONIO	42 NAME
STREET ADDRESS	6500 OLDE MOAT WAY	43 STREET ADDRESS
CITY ST ZIP	FT LAUDERDALE FL 33331	44 CITY ST ZIP
TITLE		51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Thomas A. Borell 1-6-95 305-226 8293
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR
THOMAS A. BORELL

0137900 CP