

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000079287 (6)

1. Corporation Name

ENGINEERICA SYSTEMS INC.



Principal Place of Business

7632 TIMBER RIVER CIR  
ORLANDO FL 32807

Mailing Address

P O BOX 678948  
ORLANDO FL 32867-8948  
US

3. Date Incorporated or Qualified  
10/28/1994

3a. Date of Last Report  
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3001 ALOMA AVE.

26 3001 ALOMA AVE.

4. FEI Number  
59-3278140

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 203

27 SUITE 203

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

City & State

City & State

23 WINTER PARK, FL.

28 WINTER PARK, FL.

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

24 Zip 32792 Country USA

29 Zip 32792 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENAFIEL, CESAR  
7632 TIMBER RIVER CIR  
ORLANDO FL 32807

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME OENAFIEL, CESAR  
STREET ADDRESS 7632 TIMBER RIVER CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME NASSEREDDEEN, MON  
STREET ADDRESS 9830 DEAN WOOD PL  
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ DELETE

NAME RAMAN, JAYATMYSEN  
STREET ADDRESS 10100 ARBOR RIDGE TRAIL  
CITY-ST-ZIP ORLANDO FL

TITLE SQMA ☐ DELETE

NAME NCERTA, CARLOS  
STREET ADDRESS 4153 CROSSROADS PL  
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME PENAFIEL, CESAR

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SECRETARY ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cesar Penafiel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (407)657-9162

Date: Daytime Phone:

CR2E034 (12/95)