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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3001 ALOMA AVE.
SUITE 203
WINTER PARK FL 32792
US

Mailing Address

3001 ALOMA AVE.
SUITE 203
WINTER PARK FL 32792-3756
US

2. Principal Place of Business

21 7632 TIMBER RIVER CR.
Suite, Apt. #, etc.

22 City & State
ORLANDO, FL.

24 Zip 32807 25 Country USA

2a. Mailing Address

26 P.O. Box 677096
Suite, Apt. #, etc.

27 City & State
ORLANDO, FL.

29 Zip 32867 30 Country USA

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3278140

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

PENAFIEL, CESAR
7632 TIMBER RIVER CIR
ORLANDO FL 32807

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

(Signature type: The printed name of registered agent, and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PENAFIEL, CESAR
STREET ADDRESS 7632 TIMBER RIVER CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE
NAME NASSEREDEEN, MON
STREET ADDRESS 9830 DEAN WOOD PL
CITY-ST-ZIP ORLANDO FL

TITLE T ☒ DELETE
NAME RAMAN, JAYATHYSAN
STREET ADDRESS 10100 ARBOR RIDGE TRAIL
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE
NAME MANCERA, 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 ☐ Change ☐ Addition
1.2 NAME
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 ☒ Change ☐ Addition
4.2 NAME S MANCERA, CARLOS
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 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 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 CESAR PENAFIEL

2/4/97 (407) 696-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)