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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092136 (8)

M S ENGINEERING, INC.

FILED
May 05 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address			140 F100 11010 HILL OUT 1001
18336 S.W. 136TH COURT	18336 S.W. 136TH COURT			
MIAMI FL 33177	MIAMI FL 33177		DO NOT MIDITE IN THIS	PDACE
<u>'</u>			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
~			12/21/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0547091	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
<b>Zip</b> Country <b>25</b>	Zip	Country	8. This corporation owes or has paid the cu	
24 25 9. Name and Address of Current		90	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
CASO, CARLOS R	7.3	81 Name	to. Hamo and Addition of Horr ringistored	Agent
1300 CORAL WAY		OO Charact Adda	/D O D - M - M - M - M - M - M - M - M - M -	
SUITE 301		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		83		
		84 City		85 Zip Code
			FL	_
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	ot Florida. Such change was au	thorized by the corporat	oration submits this statement for the purpose or ion's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE		ar bladdo.		
Signature, typed or printed name of registered agen		Registered Agent signature requir		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME BERENGUER, SYLVIA	☐ DELETE	1,1 TITLE		Change Addition
STREET ADDRESS 18336 S.W. 136TH COURT		1.2 NAME		3
CITY-ST-ZIP MIAMI FL 33177		1.3 STREET ADDRESS		ļ.
TITLE D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME DE-OVIN, MANUEL		2.2 NAME		Ell onango El nounton
STREET ADDRESS 18336 S.W. 136TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33177		2.4 CITY+ST-ZIP		
TITLE	☐ DELET <b>E</b>	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		•
CITY-ST-ZIP	DECEM	3.4. CITY-ST-ZIP		
TITLE NAME	DELETE	4.1 THILE		☐ Change ☐ Addition
STREET ADDRESS		4. 2 NAME 4.3 STREFT ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	→ □ DELETE	61 TITLE		Change Addition
NAME / / /	· 🗀 DETEIE	6 inice		Charles C vention
	· 🗀 pereie	6.2 NAME		C Orange C Addition
STREET ADDRESS CITY-ST-ZIP	· 🗀 DELEIE			Orlange Adminori

Indeedy 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 pupplighental 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 of 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 chapter 19 or an attachment with an address.

CICKLATURE.

MALUEL de OVIN

4/13/58 ANS. 288-661.6