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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026331

DUNOL ENGINEERING CORPORATION

Principal Place of Business

2. Principal Place of Business

AJAGBE, AUGUSTINE O

9505 SW 136TH STREET MIAMI FL 33178

Mailing Address

9505 SW 136TH STREET MIAMI FL 33178

City & State

22

9505 SW 136TH STREET

2a. Mailing Address

City & State

28

29

u. SA

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

MIAMI FL 33178

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90072 050 ***158.75

-				
	DO NOT WRITE IN THIS	SPACE		
	Date Incorporated or Qualifed 04/03/1995			
	4. FEI Number 65-0715908	Applied For Not Applicable		
 .	5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
	6. Election Campaign Financing Trust Fund Contribution			
	This corporation owes the current year In Personal Property Tax.	tangible □ Yes Æ No		
	10. Name and Address of New Registered	Agent		
Name				
Street Add	dress (P.O. Box Number is Not Acceptable)			
City	FI	85 Zip Code		
named cor ne corporat	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its registered introduced		

	,		64 City		FL	2.00	
1. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 and 60 egistered agent or both, in the State of Florida m familiar with and accept the bullgations of S	Section 607.0505, Florida	a Statutes.		statement for the purpose of rs. I hereby accept the appoin	changing its retirement as regi	egistered istered
SIGNATURE	Signature and of minted name of registered agent and title if	ADDICABLE. (NOTE: Re	AJAGB gistered Agent signature re		DATE	77 —	
12.	OFFICERS AND DIRECT	TORS	13.	ADDITIONS/C	HANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
ITLE	D	☐ DELETE	1.1 TITLE			Change	
AME .	AJAGBE, AUGUSTINE O		1.2 NAME				
TREET ADDRESS	9505 SW 136TH STREET		1.3 STREET ADDRESS				
:ITY+ST-ZIP	MIAMI FL 33178		1,4 CITY-ST-ZIP				
ITLE		☐ DELETÉ	2.1 TITLE	DIRECTO	R W ERS	<u>E</u> ; rChange	Addition
AME			2.2 NAME	AJAGBE, 17	DETUTU		
TREET ADDRESS			2.3 STREET ADDRESS	9505 3.9	J. 1365Ti		
:ITY-ST-ZIP			2.4 CITY-ST-ZIP	miami	FL33176		~_
TILE		DELETE	3.1 TITLE	DIRECTOR		Change	~- Addition
IAME			3.2 NAME	PEREZ LL	IMAFRTO F		
TREET ADDRESS			3.3 STREET ADDRESS	7270 5 14	UMBERTO F 19TH TERRACE L 33155		
:ITY-ST-ZIP			3.4. CITY-ST-ZIP	MIAMI F	L 33155		
TILE		☐ DELETE	4.1 TITLE			☐ Change	Addition
IAME	<u>.</u>		4. 2 NAME				
TREET ADDRESS			4.3 STREET ADDRESS				
TY-ST-ZIP			4.4 CITY+ST-ZIP				
TILE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
AME			5.2 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				1
TILE		DELETE	6.1 TITLE			Change	Addition
IAME			6.2 NAME				
TREET ADORESS			6.3 STREET ADDRESS				}
OTHERS ALLONEDS			6.4 CITY+ST-ZIP	•			1

Country

30

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATED NAME OF SIGNING OFFICER OR DIRECTOR

45/99 305)4710901

CR2E034 (11/98)