### 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 # P95000061508

### INTERNATIONAL ENGINEERED SYSTEMS, LTD., INC.

## **FILED** Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90010 042 \*\*\*150.00



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Principal Place of Business Mailing Address					; ( )	111 44113 Attac (188: Attec	19101   18+1   1891
7850 NW 146TH STREET 945 CRESVIEW CIR. SUITE 417 WESTON FL 33327 MIAMI LAKE FL 33016							
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
					08/08/1995		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		plied For
21		26			65-0611421		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	untry	8. This corporation owes the current		
24	25	29	30		Personal Property Tax.	☐Yes	ĽÍNo.
	9. Name and Address of Cu	irrent Registered Agent		04 None	10. Name and Address of New Regi	stered Agent	
400	ACT - DAT - 141014 - 4			81 Name			
ACOSTA-BAZ, MARIA A				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
WES	STON FL 33327			83		作作者的 (1) [1] [1] [1] [1] [1] [2] [2] [2] [3] [4]	
				84 City	क्को केरी हैं हैं है है है है के रेने बुद्ध है है कि	85 Zip (	Code Str.
		7.0500 CO7.1500 Florido Sto	tutos tho	above pamed cor	poration submits this statement for the pur	pose of changing its	registered
office or r	registered agent, or both, in the S im familiar with, and accept the o	itate of Florida. Such change was	s aumonze	ed by the corporat	ion's board of directors. I hereby accept th	e appointment as re	gistered
SIGNATURE	Signature, typed or printed name of registere	All Tables and All Market	OTE: Pasistore	od Agent cignoture requir	red when reinstating) ( 1 5 0 0 5%).	DATE	
12.		S AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TITLE	Р	☐ DELETE	1.17	riflE	75 7 6 1 1 2 1	☐ Change	☐ Addition
NAME	ACOSTA, MARIA A		1.21	NAME			. ]
STREET ADDRESS		SUITE 659	1.3 8	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 3332		1.4 (	CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.11	TITLE		Change	Addition [
NAME	PERAZA, PEDRO C		2.21	NAME			
STREET ADDRESS	7850 NW 146TH STREET.	SUITE 417	2.3	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016			CITY-ST-ZIP		Change	Addition
TITLE	f ;	☐ DELETE		TITLE		L. Change	
NAME	Section 1			NAME			
STREET ADDRESS				STREET ADDRESS	アイケット 19 一種作業	经存在的原则	
CITY-ST-ZIP		☐ DELETE		CITY-ST-ZIP TITLE	2	Change,	Addition
TITLE NAME				NAME			
STREET ADDRESS			- 1	STREET ADDRESS			
CITY-ST-ZIP			1	CITY-ST-ZIP	4		
TITLE	7000	☐ DELETE		TITLE		☐ Change	☐ Addition
NAME			5.2	NAME	gar Was Mis		
STREET ADDRESS	3		5.3	STREET ADDRESS			
CITY-ST-ZIP	Ex.			CITY-ST-ZIP	5. 用户型。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	· ,	-1
TITLE		☐ DELETE	1	TITLE	•	☐ Change	☐ Addition
NAME				NAME			,
STREET ADDRESS			6.3	STREET ADDRESS			

6.4 CITY-ST-ZIP 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 rediver 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: