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

PROFIT
CORPORATION
ANNUAL REPORM



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000075477 (6)

1.	Corporation Name		_	
	MODALCO ENGINEEDING	INC		

Principal Place of Business Mailing Address

11110 NW 20TH CT
SUNRISE FL 33322 SUNRISE FL 33322



11110 NW 20TH CT SUNRISE FL 33322		11110 NW 20TH CT SUNRISE FL 33322								
						 Date Incorporated or Qualified 09/26/1995 	3a. Date	of Last R	eport	
2. Principal Pla		1	2a. Mailing Address		1	4. FEI Number			Applied For	
1 4500	N. Hia	us Rd		· Hictu	s Rd	65-0615955	•		Not Applicable	
Suio Apt. # 2 入ゥス		27 202				5. Certificate of Status Desired	7		75 Additional e Required	
City & State			City & State			6. Election Campaign Financing		\$5.0	May Be	
3 Sunvise FL 2		Sunrise PL		Trust Fund Contribution Added to						
Zip 3333	SI 25	Country Broward		30 Coun	Broward	8. This corporation has liability for Florida Statutes Yes	⊿ No		199.032,	
	g, Name and	Address of Current I	Registered Agent			10. Name and Address of New F	legistered A	gent		
					31 Name					
NODAL,	CAFLOS A			ī	Street Addi	ress (P.O. Box Number is Not Acceptate	ole)			
11110 N	IW 20TH CT									
SUNRIS	E 🖟 33322			1	33					
				1	34 City		FI	85 Zi	ıp Code	
or register	ed agent, or both	i, in the State of Florida	nd 607,1506, Florida Stat Such change was autho n 607,0505, Florida Statut	rized by the co	e nameo corpor orporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	ointment as i	registered	d agent. Lam	
SIGNATURE _	Signature, typed or prin	ted habit of regulated agent as	or little of day give, asi we	(N. J.E. Fegistered A	લીમાં કાર્યા છે. મેરા મ્ફાલા છે.	d when ten stabily	DATE			
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF				
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NAME	Carles	A. Nodal, P.	. E ,	1.2 NA!	AE .					
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CITY - ST - Z P	Sunvise	FL 33351		1 4 CIT	Y-SI-ZIP					
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CITY-ST-ZP					Y - SI - ZIP		<u>.</u>			
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarry for the exemption stated in Section 119.07(kg), Florida Statutes, Furnier certify that the information indicated on this annual report is usual report is true and accurate and that my signature shall have the same legal effect as if place under oath; that I am an officer or director of the corporation or the elevier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in claiming or on an adjustment with an address.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Nodal

4/24/11

954-741-2572