

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017249 (9)

1. Corporation Name:  
LE-JOS MECHANICAL, INC.



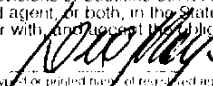
Principal Place of Business 2894 N.W. 196 STREET MIAMI FL 33056	Mailing Address 2894 N.W. 196 STREET MIAMI FL 33056
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18196 S.W. 29 ST Suite, Apt. #, etc		2a. Mailing Address 26 18196 S.W. 29 ST Suite, Apt. #, etc		3. Date Incorporated or Qualified 02/26/1996	
22 City & State 23 MIRAMAR FL Zip 33029 Country BROWARD		27 City & State 28 MIRAMAR FL Zip 33029 Country BROWARD		4. FEI Number 65-0672775 Applied For Not Applicable	
24 33029		25 BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 33029		27 BROWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 33029		29 BROWARD		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOYA, JOSE 2894 N.W. 196 STREET MIAMI FL 33056		10. Name and Address of New Registered Agent 81 Name LEO MOYA 82 Street Address (P.O. Box Number is Not Acceptable) 18196 S.W. 29 ST 83 84 City MIRAMAR FL 85 Zip Code 33029	
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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  DATE 4-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	
NAME	MOYA, JOSE	1.2 NAME	
STREET ADDRESS	2894 N.W. 196 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33056	1.4 CITY - ST - ZIP	
TITLE	PTD	2.1 TITLE	
NAME	MOYA, LEO	2.2 NAME	
STREET ADDRESS	2894 N.W. 196 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33056	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 to this report.

SIGNATURE  DATE 4-30-98

CR2E034 (10/97)