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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066261 (4)

1. Corporation Name
EDGE ENGINEERING CORP.

Principal Place of Business
242 WEST 37 STREET
HIALEAH FL 33012

Mailing Address
242 WEST 37 STREET
HIALEAH FL 33012-4324



2. Principal Place of Business
21 7477 SW 82 ST.
Suite, Apt. #, etc.

2a. Mailing Address
26 7477 SW 82 ST.
Suite, Apt. #, etc.

22 C117
City & State

27 C117
City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

24 33143 25 USA
Zip Country

29 33143 30 USA
Zip Country

3. Date Incorporated or Qualified
08/08/1996

3a. Date of Last Report

4. FEI Number
65-0686943

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | RATH, DEBASIS | |
| STREET ADDRESS | 242 WEST 37 STREET | |
| CITY - ST - ZIP | HIALEAH FL 33012 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | PATINO, JORGE R | |
| STREET ADDRESS | 242 WEST 37 STREET | |
| CITY - ST - ZIP | HIALEAH FL 33012 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | RATH, DEBASIS | |
| 1.3 STREET ADDRESS | 7477 SW 82 ST, C117 | |
| 1.4 CITY - ST - ZIP | MIAMI FL 33143 | |
| 2.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SATPATHY, ANURADHA | |
| 2.3 STREET ADDRESS | 7477 SW 82 ST, C117 | |
| 2.4 CITY - ST - ZIP | MIAMI FL 33143 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE: *Debasis Rath* (DEBASIS RATH) 2/24/97 (305) 668-3359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (9/96)