Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90003 010 ***158.75

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 # P9600066261

Corporation	Name 7 P 30000	J00020 I							
FDGF FI	NGINEERING CORP.								
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				_					
Principal Place of Business Mailing Address						113 68411 88418 1	31110 01110 11010 0		
7477 SW 82 ST 7477 S.W. 82 ST									
C117 C117					DO NOT WRI	DO NOT WRITE IN THIS SPACE			
MIAMI FL 33143 MIAMI FL 33143 US					Date Incorporated or Qualifed				
US		00			08/08/1996			Į	
Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	olied For	
21 26					65-0686943		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						X	\$8.75 A		
22 27					5. Certifcate of Status Desired	<u>~</u>	Fee Rec	quired	
City & State City & State			_	6. Election Campaign Financing		\$5.00			
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta	angible .	Xn∘	
24	25		0		Personal Property Tax. 10. Name and Address of New F			KTNO	
	9. Name and Address of Curre	ent Registered Agent	81 N	lame	10. Name and Address of New P	tediziei en y	Agent		
AME	RILAWYER CHARTERED			_		_	<u> </u>		
343 ALMERIA AVENUE			82 S	treet Addre	ess (P.O. Box Number is Not Accepta	ible)			
CORAL GABLES FL 33134			83			<u>-</u>			
00,				_					
			84 C	City	•	FL	85 Zip C	ode	
11 Durayant	to the arguinians of Sections 607.05	502 and 607 1508 Florida Statutes	the above-na	amed como	pration submits this statement for the	numose of	changing its	registered	
office or o	egistered agent, or both, in the State	e of Florida. Such change was aut	norizea by the	corporatio	n's board of directors. I hereby acce	it the appoir	ntment as reg	pistered }	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	ia Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE F	Registered Agent sig	nature required	when reinstating)	DATE .	`		
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE		·		Change	☐ Addition	
NAME	rath, Debasis		1.2 NAME						
STREET ADDRESS	7477 SW 82 ST C117		1.3 STREET AD	DRESS					
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZI	P				T Addition	
TITLE	STD	☐ DELETE	21 TITLE				☐ Change	Addition	
NAME	SATPATHY, ANURADHA		2.2 NAME						
STREET ADDRESS	1117 017 02 01 0111		2.3 STREET AD	DRESS	٠.,			•	
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-ST-Z	IP			Change	☐ Addition	
TITLE		☐ DELETE	31 TITLE				□ Ouenão	רייסטוייסטיי די	
NAME			3.2 NAME	′			-	•	
STREET ADDRESS			3.3 STREET AD						
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-Z	IP	<u> </u>	_	☐ Change	Addition	
TITLE			4.1 MAME		•	•		-	
NAME			4.3 STREET AD	npres					
STREET ADDRESS			4.4 CITY-ST-ZI	- 1					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			_	Change	☐ Addition	
NAME			5.2 NAME		·		ij		
STREET ADDRESS			5.3 STREET AD	DRESS			,	,	
CITY-ST-ZIP			5.4 CITY-ST-ZI	P	•				
TITLE		DELETE	6.1 TITLE				☐ Change	Addition	
NAME			62 NAME				•		
			6.3 STREET AD	DRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

[2 PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR