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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90088 041 ***150.00

DOCUMENT # P96000087938	
TOTAL ENGINEERING, INC.	
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	NGINEERING, INC.							Ai) (8414 i41	
Principal Place	e of Business	Mailing Address	-			4 IMBELMAN IEM ENSIM MESTI MAREN ANDSI	# # #161 ## ##1 1		AB INCAN IANCERA
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MIAMI FL 33131 MIAMI FL 33131					DO NOT WRIT	E 114 1 1 113	SFACE		
	•					10/24/1996		•	
2 Dein elmal Di	lace of Business	2a. Mailing Address			_	4. FEI Number		A	pplied For
	lace of Business	26 Maining Address				65-0717317			lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
22	21 	27				5. Certifcate of Status Desired		Fee F	Required
City & State	8	City & State	_			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	nt year Inta		_
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Registered Agent	_	1		10. Name and Address of New Re	gistered	Agent	<u> </u>
3,450	MAIA CLICIA		ļ	81	Name				}
	NA, LUCIA			82	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
1	BRICKELL AVENUE							•	
	TE 51 MI FL 33131			83					
i interi	WI FE 33 13 1			84	City		FL	85 Zip	Code
								changing i	te registered
i=41,=Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607:1508; Florida Statut of Florida. Such change was a	es, ine a uthorized	bove. I by th	named co he corpora	rporation submits this statement for the rition's board of directors. I hereby accept	the appoi	nthent as	registered
agent la	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statı	itee					+
agent. ru				atos.					
SIGNATURE	,				oid nature requi	ired when reinstation)	DATE		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered		signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECT	ORS IN 12
SIGNATURE	OFFICERS AI			Agent	signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT	
SIGNATURE 12.	OFFICERS AI	ent and title if applicable. (NOTE ND DIRECTORS	Registered	Agent :	signature requ				
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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.

SIGNATURE:

SEGNATURE IS SOUTHED IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/25/99 305

305-672-8721 Daytime Phone #