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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000102954

M.W.L. ENGINEERING SERVICES, INC.

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90179 013 ***150.00



| 6825 SOUTHWE MIAMI FL 33143 | ST BIST STREET | 6825 SOUTHWEST BIST STREET MIAMI FL 33143 | | | *** | DO NOT WRITE IN THIS SPACE | | | |
|---|--|--|--------------|----------|------------------|--|-------------|-----------------------|--|
| | | turi mi kaning i — — — — — — — — — — — — — — — — — — | | - | | 3. Date incorporated or Qualifed 01/01/1997 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | pplied For | |
| 21 | | 26 | | | | 65-0722972 | | ot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | 5. Certifcate of Status Desired | | Additional equired | |
| City & State (1.17) City & State (2.17) 22 | | | | | | 6. Election Campaign Financing Trust Fund Contribution | • | May Be to Fees | |
| Zip | Country | Zip Count 29 30 | | | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered | d Agent | | |
| | | | 8 | 1 1 | Name | | | | |
| C-ESPINOSA-MENDOZA, CPA 8325 SW 54 AVENUE | | | | 2 8 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| MIAN | AI FL 33143 | | 8 | 3 | - | | | | |
| | | | 8 | 4 (| City | F | 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: Ro | egistered Ag | gent sig | gnature required | d when reinstating) DATE | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECT | | |
| TITLE | PSTD DELETE 1.1 | | 1.1 TITLE | | | 1 . | Change | Addition | |
| NAME | VIGIL, MANUEL | | 1.2 NAMI | E | | | | | |
| STREET ADDRESS | 6825 SOUTHWEST 81ST STREE | ī | 1.3 STRE | EET AD | DRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33143 | • | 1.4 CITY | ·ST-ZI | IP | | | | |
| TITLE | D | ₩ DELETE | 2.1 TITLE | | | | Change | Addition | |
| , | LISTA, WALTER L | • | 2.2 NAM | E | | | | | |
| LIVIA, MALILIAL | | | 2.3 STRE | | DRESS | | | 1 | |
| STREET ADDRESS | | •' | 2. 4 CITY | | | | | | |
| CITY-ST-ZIP | MIAMI FL 33143 | ☐ DELETE | 3.1 TITLE | | | | Change | Addition | |
| TITLE | | | 3.2 NAM | | ļ | | | ţ | |
| NAME | ν | • | 3,3 STRE | | OUBESS | | | 1 | |
| STREET ADDRESS | ٠ | | 3.4. CITY | | | | | 1 | |
| CITY-ST-ZIP | | TI DELETE | 4.1 TITLE | | | | ☐ Change | Addition | |
| TITLE | | | 4. 2 NAN | | | | | | |
| NAME CTREET ADDRESS | | | 4.3 STR | | DORESS | | • | } | |
| STREET ADDRESS | | • | 4.4 CITY | | - 1 | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | Addition | |
| NAME | | | 5.2 NAM | | | | • | | |
| | | | 5.3 STR | EET AD | DRESS | • | | | |
| STREET ADDRESS CITY-ST-ZIP | When all wastern i | | 5.4 CITY | | | | | | |
| | 1 75 77 545 1. | DELETE | 6.1 TITLE | | | | Change | Addition | |
| TITLE | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 6.2 NAM | | | | • | | |
| NAME | | • | 6.3 STRI | | ODRESS | | • | { | |
| STREET ADDRESS | | | 6.4 CITY | | | | | | |
| CITY-ST-ZIP | | | 0.4 CITY | -01-Z | 14- | | | | |

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 suppliemental 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: