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

FILED
99 OCT -4 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/22/99 90043028 $150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000096643

1. Corporation Name
CMI CONTROLS, INC.

Principal Place of Business
9300 NW 58 ST. SUITE 203
MIAMI FL 33178

Mailing Address
9300 NW 58 ST. SUITE 203
MIAMI FL 33178

3. Date Incorporated or Qualified
11/12/1997

2. Principal Place of Business
21 UNKNOWN
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 5684 NW 79 ST.
City & State
28 MIAMI, FL
Zip 29 33166 Country 30 DADE

4. FEI Number
65-0795611
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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PINOS, LUIS E
9300 NW 58 ST, SUITE 203
MIAMI FL 33178

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 resigning) DATE

12 OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☒ DELETE NAME NOVOA, CESAR R STREET ADDRESS 9300 NW 58 ST, SUITE 203 CITY-ST-ZIP MIAMI FL 33178		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition RESIGNED
TITLE D ☐ DELETE NAME PINOS, LUIS E STREET ADDRESS 9300 NW 58 ST, SUITE 203 CITY-ST-ZIP MIAMI FL 33178		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition DIRECTOR
TITLE D ☒ DELETE NAME NIN, LINA STREET ADDRESS 9300 NW 58 ST. SUITE 203 CITY-ST-ZIP MIAMI FL 33178		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition RESIGNED
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

KE

SIGNATURE: SIGNATURE RECEIVED CESAR R. NOVOA 4/21/99 305-718-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LUIS PINOS Esq-20 99 (786) 388-7333

CR2E034 (11/98)