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 # P97000106750

HIGHLANDER ENGINEERING SERVICES. INC.

FILED Feb 21, 1999 8:00 am **Secretary of State**

02-21-1999 90039 040 ***150.00



Principal Place of Business Mailing Address					# 10051000 tife (att) (asi) gailt abidt tiëll asiin asiin asiin (ase) diffi asii tan
	•				
6340 S.W. 25 STREET MIAMI FL 33155		6340 S.W. 25 STREET MIAMI FL 33155			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/19/1997
2. Principal Place of Business		2a. Mailing Address			4. FEI Number APPLIED FOR 65-0804399 Not Applicable
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 30			t Bracitar Foborty Tax.
	9. Name and Address of Curre	nt Registered Agent	04	•	10. Name and Address of New Registered Agent
VARGAS, PRISCILLA			81	Name	
6340 S.W. 25 STREET			82 Street Ac		ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33155			83		,
			84	City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obligation of the state o	of Florida. Such change was authorations of, Section 607.0505, Florida	nzed by Statutes.	tne corpar	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP STATES A		1.1 TITLE		☐ Change ☐ Addition
NAME	SILJEE, DAVID J		1.2 NAME		•
STREET ADDRESS	6340 S.W. 25 STREET		1.3 STREET	ADDRESS	·
!	MIAMI FL 33155		1.4 CITY-ST		
CITY-ST-ZIP TITLE	VPD		2.1 TITLE		☐ Change ☐ Addition
NAME	VARGAS, PRISCILLA D		2.2 NAME	İ	
STREET ADDRESS	6340 S.W. 25 STREET		2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		2. 4 CITY+S	ļ	
TITLE	T		3.1 TITLE		Treasurer Addition
NAME	SILJEE, DAVID V		3.2 NAME	l	Garrett Siljee
STREET ADDRESS	6340 S.W. 25 STREET		3.3 STREET	ADDRESS	6340 SW 25 street
CITY-ST-ZIP	MIAMI FL 33155		3.4. CITY-S	T-ZIP	MIAMI FL 33155
TITLE	S	☐ DELETE	4.1 TITLE		Change □ Addition
NAME	SILJEE, GARRETT W		4. 2 NAMÉ		Secretary (1) de
STREET ADDRESS	6340 S.W. 25 STREET		4.3 STREET	ADDRESS	4340 SW 25 street, MAMI, FL 33155
CITY-ST-ZIP	MIÁMI FĽ 33155		4.4 CITY-S	T-ZIP	4340 SW 25 SYRELI, MUHIMI, TO SOLO
TITLE	NT., hand	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		1	6.3 STREET	ADDRESS	_ _

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 changes, or an antachment with an address, with all other like empowered.

SIGNATURE: