

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY 16 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058366
1. Corporation Name

RAY A. COELLO INGENIERIA INTEGRAL, INC.

Principal Place of Business Mailing Address
8322 NW 56th Street, Suite #228
Miami, FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1998

21. Principal Place of Business 8322 NW 56th St. Suite, Apt. #, etc. SUITE # 228 City & State MIAMI, FL Zip 33166	22. Mailing Address 8322 NW 56th St. Suite, Apt. #, etc. SUITE # 228 City & State MIAMI, FL Zip 33166
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4. FEI Number 65-0858223	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year and 1/2 year Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DESANERO, MOISES
1805 W. Flagler ST, STE 303
Miami, FL 33135

10. Name and Address of New Registered Agent

81 Name COELLO, RAY A.
82 Street Address (P.O. Box Number is Not Acceptable) 191 NW 97th AVE.
83 City & State MIAMI FL 33172
84 Zip Code FL

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 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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 06/07/99

12. OFFICERS AND DIRECTORS

11 TITLE D	12 NAME Coello, Ray A.	13 STREET ADDRESS 9310 Fontainebleau Blvd, # 407	14 CITY-STATE-ZIP MIAMI, FL 33172
<input type="checkbox"/> DELETE	21 TITLE D	22 NAME Desanero, Moises	23 STREET ADDRESS 9310 Fontainebleau Blvd, # 407
<input checked="" type="checkbox"/> DELETE	31 TITLE	32 NAME	33 STREET ADDRESS
<input type="checkbox"/> DELETE	41 TITLE	42 NAME	43 STREET ADDRESS
<input type="checkbox"/> DELETE	51 TITLE	52 NAME	53 STREET ADDRESS
<input type="checkbox"/> DELETE	61 TITLE	62 NAME	63 STREET ADDRESS
<input type="checkbox"/> DELETE	71 TITLE	72 NAME	73 STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE D	12 NAME COELLO, RAY A.	13 STREET ADDRESS 191 NW 97th Ave.	14 CITY-STATE-ZIP MIAMI FL 33172
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	21 TITLE D	22 NAME CRUCES, MARIA ELENA	23 STREET ADDRESS 191 NW 97th. AVE.
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	31 TITLE	32 NAME	33 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Add	41 TITLE	42 NAME	43 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Add	51 TITLE	52 NAME	53 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Add	61 TITLE	62 NAME	63 STREET ADDRESS
<input type="checkbox"/> Change <input type="checkbox"/> Add	71 TITLE	72 NAME	73 STREET ADDRESS

REINSTATEMENT 99.00 TS

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****750.00 ****750.00

06/26/99 90128 018 150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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. If the name 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 on block 12 or block 13 if changed, is not attached with an address.

SIGNATURE: *[Signature]* DATE: 06/07/99