1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90107 024 ***150.00

DOCUMENT # P98000066984

REVERS	E ENGINEERING, INC.				
Principal Place	e of Business	Mailing Address			[
10603 SW 128 PLACE		10603 SW 128 PLACE			
MIAMI FL 33186		MIAMI FL 33186			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					07/30/1998
2 Principal Pl	lace of Business	2a. Mailing Address			4 FEI Number Applied For
21		26			65-0856H2 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
1.400	a tule i			B1 Name	
	O, LUIS J			32 Street Address (P.O. Box Number is Not Acceptable)	
10603 SW 128 PLACE MIAMI FL 33186			ļ.	no	
MINA	III FL 33100		['	83	
			ì	84 City	FL 85 Zip Code
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was a	uthorized	DV the corbo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		Rocas			03.03.99
	Signature, typed or printed rappe of registered age			gent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	D	□ Defete	1.1 TITL	1	- Contrago
NAME	LAGO, LUIS J		1.2 NAM	EET ADDRESS	
STREET ADDRESS	10603 SW 128 PLACE				
CITY-ST-ZIP TITLE	1110 0111 1 0 0 0 1 0 0		2.1 TITL	Y-ST-ZIP	☐ Change ☐ Addition
NAME			2.2 NAA	1	
STREET ADDRESS				EET ADDRESS	The same of the sa
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	·
TITLE		☐ DELETE	3.1 TITL		☐ Change ☐ Addition
NAME			3.2 NAM	AE]	
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP			3.4, CIT	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITU	.E	Change Addition

6.4 CITY-ST-ZIP 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY+ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNING OFFICER OR DIRECTOR

☐ Change

Change

Addition

☐ Addition