PROFIT CORPORATION --ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092258

1. Corporation Name

POLO ENGINEERING, INC.

| 1020 2 | Manuelinia, mo. | | | | | | |
|--|--|-----------------------------------|------------------|----------------------|---|---|---------------------------|
| Principal Place | e of Business | Mailing Address | | _ | | { | H CYCOL HON 1001 |
| Principal Place of Business Mailing Address 1338 W 80 STREET / 1338 W 80 STREET / | | | | | | | |
| HIALEAH FL 33014 HIALEAH FL 33014 | | | | | | | |
| | | | | | DO NOT WRITE I | N THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 10/29/1998 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | ⊢ | pplied For |
| 21 26 | | | | _ | | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | 5. Certifcate of Status Desired | * | Additional equired |
| City & Stat | | City & State | | _ | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current | year Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | ŒNo Ì |
| | 9. Name and Address of Curre | | · | | 10. Name and Address of New Regi | stered Agent | |
| | | | 8 | 1 Name | | | |
| OSMAN, L M | | | | 2 Street Add | Iress (P.O. Box Number is Not Acceptable | | |
| 1338 W 80 STREET | | | | 2 Sileer Aud | iless (P.O. Box Number is Not Acceptable | • | |
| HIALEAH FL 33014 | | | | 3 | | | . 7 |
| | | | 8- | 4 City | · · · · · · · · · · · · · · · · · · · | 85 Zip | Code |
| | | | | ' | | " FL. `- \ | Care Burk. |
| office or r agent. I a | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was a | authorized b | y tne corporat | poration submits this statement for the pur ion's board of directors. I hereby accept th | oose of changing its e appointment as re | s registered egistered |
| SIGNATURE | Signature, typed or printed name of registered agr | ent and title if applicable (NOTE | E: Registered Ag | ent signature requir | ed when reinstating) | DATE | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECT | ORS IN 12 |
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | GARCIA, NORBERTO | | 1.2 NAME | | | | 1 |
| STREET ADORESS | 1338 W 80 STREET | | 1.3 STRE | ET ADDRESS | | | ì |
| CITY-ST-ZIP | HIALEAH FL 33014 | | 1.4 CITY- | ST-ZIP | _ | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | | ſ |
| STREET ADDRESS | | | 2.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY | ·ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | } |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAMI | <u> </u> | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADORESS | | | į |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | 1 | | ſ |
| TITLE | , | DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | : | | | |

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 or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

Change

☐ Addition

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90004 033 ***150.00