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 # S77820 1. Corporation Name

M.W.L. ENGINEERING CORPORATION

Principal Place	of Business	Mailing Address				
6825 SW 81 ST.		-	6825 SW 81 ST.			
MIAMI FL 33143 MIAMI FL 33143						DO NOT WITH IN THIS SPACE
v _e						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
š						09/05/1991
O Dringing Di	lace of Business	2a. Mailing Address				4. FEI Number Applied For
· 1	lace of Business	 	26 Za. Mailing Address			65-0308688 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			_ \$8.75 Additional
22		— <u> </u>	27			5. Certifcate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Zip Country Zip		Coi	Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		-	•••	10. Name and Address of New Registered Agent
VOCH	SAAAN ICI	,		81	Name	
	, MANUEL			82	Street A	Address (P.O. Box Number is Not Acceptable)
6825 SW 81 ST. MIAMI FL 33143				83		
(AIO-/)A	MI I E 35143			03		<u> </u>
				84	City	FL 85 Zip Code
	1	E02 and 607 1609 Florida 9	totutes the	above		corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Stat	te of Florida. Such change v	vas authorize	d by	the corpor	oration's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the oblig	gations of, Section 607.0505	i, Florida Stat	tutes	•	}
SIGNATURE	Signature, typed or printed name of registered a	and and title if explicable	/NOTE: Pagistera	d Agen	at signature rev	equired when reinstating) DATE
12.		AND DIRECTORS	13.	_	t aignistato to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELET		1.1 TITLE		☐ Change ☐ Addition
NAME	VIGIL, MANUEL		1.2 N	AME		
STREET ADDRESS	2412 NORTH GREENWAY DR	RIVE	1.3 \$	STREET	ADDRESS	j
CITY-ST-ZIP	CORAL GABLES FL	•	1.4 0	CITY-S	T-ZIP	
TITLE	SD	[] DELET	E 21T	2.1 TTLE		
NAME	LISTA, WALTER L			ΠLE		☐ Change ☐ Addition
STREET ADDRESS				MLE NAME		☐ Change ☐ Addition
- TIP	12961 DEVA STREET		22 N	NAME	FADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	12961 DEVA STREET CORAL GABLES FL		22 N 2.3 S	NAME		
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		[] DELET	22 N 2.3 S 2.4 C TE 3.1 T	NAME STREET CITY-S		
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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.

SIGNATURE:)

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90043 006 ***150.00