FILE NOW! FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

04-06-1999 90003 030 ***158.75

305-5527777

DOCUMENT # V49847

1. Corporation Name

Principal Place of Business

SIGNATURE:

CONSTRUCTION ENGINEERING ASSOCIATES, INC.

8550 W. FLAGLER ST STE 116 MIAMI FL 33144 US 8550 W. FLAGLER ST STE 116 MIAMI FL 33144 US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/07/1992				
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
-	ace of positions	26				65-0345223		. 📑	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	<u></u>	City & State				6. Election Campaign Fina	ancing	\$5.0	00 May Be	
23		28				Trust Fund Contribution	<u> </u>	Add	ed to Fees	
Zip	Country Zip Cou			у		8. This corporation owes t			No	
24	25	29 30	<u>ol</u> _			Personal Property Tax. 10. Name and Address of		☐ Yes	- INO	
	9. Name and Address of Current	Registered Agent		1 N	lame	10. Name and Address of	New Registered	Agent		
ruiz, robert j.										
9555		82 Street Addr			ss (P.O. Box Number is Not a	Acceptable)		Ì		
	AI FL 33165		83							
]	<u> </u>						
	•		84	4 C	ity		FL	_ 85 Z	ip Code	
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, or both, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign						when reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS A	NO DIDEC	TOPS IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	TO OFFICERS A	Chan		
TITLE	PS BODERT I	☐ DEFELE	1,1 TITLE						***	
NAME	RUIZ, ROBERT J.	10	1.2 NAME		20500				1	
STREET ADDRESS	8550 W. FLAGLER ST. STE. #11	10	1.3 STRE						{ ;	
CITY-ST-ZIP	MIAMI FL VP	☐ DELETE	1.4 CITY- 2.1 TITLE		- -			Chan	ige	
TITLE	RUIZ, ROBERTO N.		2.2 NAME		Į				}	
NAME STREET ADDRESS	8550 W. FLAGLER ST. STE. #1	ıs	2.3 STRE		DRESS				{	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY			. •				
TITLE	T	☐ DELETE	3.1 TITLE					[] Chan	ige 🔲 Addition	
NAME	RUIZ, CARMEN N.		3.2 NAME	:						
STREET ADDRESS	8550 W. FLAGLER ST. STE. #1	16	3.3 STRE	ET ADD	DRESS]	
CITY-ST-ZIP	MIAMI FL		3.4. CITY	-ST-ZII	IP .					
TITLE		☐ DELETE	4.1 TITLE					Chan	nge [] Addition	
NAME			4. 2 NAM	Ē	Ì				ì	
STREET ADDRESS			4,3 STRE	ET ADD	DRESS				ļ.	
CITY-ST-ZIP			4.4 CITY		P			Char	nge Addition	
TITLE	· .	☐ DELETE	5.1 TITLE		}		•	☐ Chan	ge D'Addition	
NAME			5.2 NAME		ODEOD I		,			
STREET ADDRESS			5.3 STRE		1					
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE					Chan	nge Addition	
TITLE	•	O OFFER	6.2 NAME		{		,			
NAME		_	6.3 STRE		DRESS					
STREET ADDRESS			6.4 CITY-		i					
14. I hereby o	pertify that the information supplied with	this fling does not qualify for the	he everur	ation	stated in Se	ection 119.07(3)(i), Florida Si	tatutes. I further ce	ertify that t	he information	
14. I hereby certify that the information supplied with this flying 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 eath; that I am an officer or director of the corporation or the receiver or fustee 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.										

REWINKED