FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

V56915

(4)

CONTROL AND AUTOMATION CONSULTANTS, INC. Principal Place of Business Mailing Address 2775 W. 79TH STREET #6 HIALEAH FL 33016 Mailing Address								
					3. Date Incorporated or Qualified	3a. Date o		
2. Principal Pl	ace of Business	2a. Mailing Address			08/12/1992 4. FEI Number	L U	9/18/	
1		26			65-0357664		<u> </u>	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	Not Applicable 5 Additional
2		27	··		5. Certificate of Status Desired			Required
City & State	9	City & State			6. Election Campaign Financing		\$5.0	00 May Be
Zip	Country	28 Zip			Trust Fund Contribution		Add	led to Fees
4	25	29	30 Counti	У	8. This corporation has liability for i		under s	s 199.032,
	9, Name and Address of Curren		130		Florida Statutes Yes 10. Name and Address of New R			
	-		8	1 Name	TO, MEMORIAN PROPERTY PARTY	alistolar V	Betit	
GONZ	ALEZ, WILKY J.		8:	1 00 - 10 00 00	(D.O. Dr., N			
2775 V	N. 79TH STREET #6		0	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
HIALE	AH FL 33016		8:	,				
			84	1 City			1-17:	
44 15				1 '		FL		Ip Code
or register	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statu Ia. Such change was authori	ites, the above ized by the con	named corpo	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of chang	ging its	registered office
familiar wit	h, and accept the obligations of, Section	on 607.0505, Florida Statute	es.	201411011 3 600	ind or directors. Thereby accept the appo	antment as re	gistere	d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a							
12.	OFFICERS AND		IOTE: Registered Apr 13.	nt signature require		DATE		
litté	PD	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFFI			
VAME	GONZALEZ, WILKY J.	_	1.2 NAME			Ц	Change	
STREET ADDRESS	19080 N.W. 86TH COURT			T ADDRESS				
CITY+ST-ZIP	MIAMI FL 33015		1.4 CITY-					
TITLE	VD	☐ DELETE	2.1 TITLE				Change	☐ Addition
IAME	GONZALEZ, SADIYE		2.2 NAME			_	•	
THEET ADDRESS	19080 N.W. 86TH COURT		2 3 STREE	T ADDRESS				
DITY-ST-ZIP	MIAMI FL 33015		24 CITY-	ST-71P				
ITLE	TD	□ DELETE	3 1 TITLE				Change	☐ Add₁tion
IAME TREFT ADDRESS	GONZALEZ, SADIYE 19080 N.W. 86TH COURT		3.2 NAME					
CITY-ST-ZIP	MIAMI FL 33015			T ADDRESS				
IILE	SD SD	☐ DELETE	3.4 CITY - 1 4. 1 TITLE					
AME	GONZALEZ, SADIYE	E DECENT	4.2 NAME				Change	☐ Addition
TREET ADDRESS	19080 N.W. 86TH COURT		4.2 NAME	t ADDOCCO				
ITY-ST-ZIP	MIAMI FL 33015		4.4 City - 9					
ITLE		☐ DELETE	5. 1 TITLE	1-20F		F1 /	Change	☐ Addition
AME			5.2 NAME			<u>.</u>	Onlinge	☐ KOOIIION
TREE I ADDRESS			53 STREET	ADDRESS				
11Y-S1-ZIP			5 4 DITY - S					
TLF		DELETE	6 1 TITLE				Change	☐ Addition
AME			6.2 NAME			_	-	
IREE1 ADDRESS			6.3 STREET	ADDRESS				
TY-SI-ZIP	codifict hat the information	Al- Al-1- Co	64 CITY-S	T-21P				İ
oath; that I a	the information indicated on this annua am an officer or director of the corpora Block 12 or Block 13 if changed, or on	ation or the receiver or trusto	io aninoworod i	 not qualify for le and accurat execute this 	or the exemption stated in Section 119.0; e and that my signature shall have the signature shall have the signature shall have the signature of the section	²(3)(k), Florida ame legal eff∈ ida Statutes;	Statute oct as if and th:	es. I further made under at my name

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.20-96

(305) 826 · 8262