FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73165** **(5)**

1. Corporation Name

MAYA ENGINEERING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
MIAMI INTERNATIONAL AIRPORT MIAMI FL 33142 US	2451 NW 32 ST MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1992**
3a. Date of Last Report: **03/11/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **65-0368658** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NATARENO, NORMA
2451 NW 32 ST
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip 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: _____ DATE
(Signature required (printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME	GOMEZ, ADELA	12 NAME	JULIO C. NATARENO
STREET ADDRESS	931 SW 96 AVE	13 STREET ADDRESS	2451 N.W. 32 ST.
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	MIAMI FL. 33142
TITLE	TD	21 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	GOMEZ, RENE	22 NAME	RENE GOMEZ
STREET ADDRESS	931 SW 96 AVE	23 STREET ADDRESS	931 S.W. 96 AVE.
CITY ST ZIP	PEMBROKE PINES FL	24 CITY ST ZIP	PEMBROKE PINES FL. 33025
TITLE	SD	31 TITLE	TREASURER ☒ Change ☐ Addition
NAME	NATARENO, NORMA	32 NAME	ADELA GOMEZ
STREET ADDRESS	2451 NW 32 ST	33 STREET ADDRESS	931 S.W. 96 AVE.
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	PEMBROKE PINES FL. 33025
TITLE		41 TITLE	900001486489 on
NAME		42 NAME	-05/12/95--01119--004
STREET ADDRESS		43 STREET ADDRESS	****208.75 ****208.75
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

AA 5/11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Adelagomez Adela Gomez 4/28/95 1-305-870-9922
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183733 CP