

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P15000062085

Entity Name: MASTEC INDUSTRIAL CORP.**Current Principal Place of Business:**800 SOUTH DOUGLAS ROAD
SUITE 1200
CORAL GABLES, FL 33134**Current Mailing Address:**ATTN: MASTEC, INC. LEGAL DEPT
800 S DOUGLAS RD SUITE 1200
CORAL GABLES, FL 33134 US**FEI Number:** 47-4824701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BADER-HELLSTROM, MARK
Address	4850 32ND AVE S
City-State-Zip:	FARGO ND 58104

Title	VP, DIRECTOR
Name	APPLE, ROBERT E
Address	800 SOUTH DOUGLAS ROAD #1200
City-State-Zip:	CORAL GABLES FL 33134

Title	VP, T, DIRECTOR
Name	PITA, GEORGE
Address	800 SOUTH DOUGLAS ROAD #1200
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	DE CARDENAS, ALBERTO
Address	800 SOUTH DOUGLAS ROAD #1200
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	JELINEK, ARNIE
Address	4850 32ND AVE S
City-State-Zip:	FARGO ND 58104

Title	VICE PRESIDENT
Name	KARIAN, DAVID
Address	800 SOUTH DOUGLAS ROAD SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERTO DE CARDENAS**SECRETARY****07/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date