

FILE NOW: FILING FEE IS ~~\$24.05~~ 165.00

FILED
Apr 29 1997 8:00am
Secretary of State

NOT-PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P96000072732 1. Corporation Name

INTERNATIONAL CIVIL ENGINEERING CONSULTANTS P.A.

Principal Place of Business	Mailing Address
15611 SW 63 TERR MIAMI, FL 33193	15611 SW 63 TERR MIAMI, FL 33193

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite Apt. #, etc	26 Suite, Apt. #, etc.	09/04/96	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0743537	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARIA GUEVARA 15611 SW 63 TERR MIAMI, FL 33193		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GUEVARA, VICTOR HUGO	1.2 NAME	PD GUEVARA, VICTOR HUGO
STREET ADDRESS	15611 SW 63 TERR	1.3 STREET ADDRESS	15611 SW 63 TERR
CITY-ST-ZIP	MIAMI, FL 33193	1.4 CITY-ST-ZIP	MTAMT. FL 33193
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MARIA GUEVARA	2.2 NAME	MARIA GUEVARA
STREET ADDRESS	15611 SW 63 terrace	2.3 STREET ADDRESS	15611 SW 63 TERR
CITY-ST-ZIP	MIAMI, FL 33193	2.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HUGO A. GUEVARA
STREET ADDRESS		3.3 STREET ADDRESS	629 W. DEMING APT. 506
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PATRICIA L. GUEVARA
STREET ADDRESS		4.3 STREET ADDRESS	15611 SW 63 TERR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	NICHELLE A. GUEVARA
STREET ADDRESS		5.3 STREET ADDRESS	15611 SW 63 TERR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33193
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	500002162815
STREET ADDRESS		6.3 STREET ADDRESS	-05/02/97--01001--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Guevara MARIA GUEVARA 4/23/97 (305) 387-7597
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)