

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

**APPROVED AND FILED**

**95 MAR 23 PH 12:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # K80212 (9)**  
1. Corporation Name  
**C.A.P. ENGINEERING CONSULTANTS, INC.**

Principal Place of Business: **7400 SW 50 TERR. STE 201 MIAMI FL 33155 US**  
Mailing Address: **7400 SW 50 TERR. STE 201 MIAMI FL 33155 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/10/1989** 3a. Date of Last Report: **02/04/1994**  
4. FEI Number: **65-0121594** 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

2. Principal Place of Business: **21 100 Miracle Mile** Suite, Apt. #, etc.: **26**  
**22 Suite 300** City & State: **27**  
**23 Coral Gables, Fl.** City & State: **28**  
Zip: **24 33134** Country: **25 U.S.A.** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **PENIN, CARLOS A. 7400 SW 50 TERR, STE 201 MIAMI FL 33155**  
10. Name and Address of New Registered Agent: **81 Name: PENIN, CARLOS A. 82 Street Address (P.O. Box Number is Not Acceptable): 100 Miracle Mile, Ste. 300 83 City: Coral Gables FL 85 Zip Code: 33134**

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: *Carlos A. Penin* DATE: **1/19/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	NAME: <b>PENIN, CARLOS A.</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>7400 SW 50 TERR, STE 201</b>	CITY-ST-ZIP: <b>MIAMI FL</b>	1.2 NAME:	
		1.3 STREET ADDRESS: <b>100 Miracle Mile, Ste. 300</b>	
		1.4 CITY-ST-ZIP: <b>Coral Gables, Fl. 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	2.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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 appointed to exercise the powers of the corporation 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 my initials.

SIGNATURE: **Carlos A. Penin** *Carlos A. Penin* DATE: **1/19/95** (305) 461-6484