FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PROFIT

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham A ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1) S66560 SOLUTIONS ENGINEERING, INC. Principal Place of Business Mailing Address 5209 NW 74TH AVE P. O. BOX 520890 SUITE 200-A MIAMI FL 33152 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 3. Date Incorporated or Qualified 07/11/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0310432 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zıp Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KATZ, EDWARD 7832 COLLINS AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 303 83 MIAMI BEACH FL 33141 City Zip Code 85 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 familia with and accept the obligations of, Section 607.0505, Florida Statutes. . EDWARD 3/2/10 SIGNATURE a of registered again and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change Addition TITLE 1.1 TITLE KATZI EDWARD KATZ, EDWARD NAME 1.2 NAME NIA 7832 COLLINS AVENUE, SUITE 303 STREET ADDRESS 1.3 STREET ADORESS NIA MIAMI BEACH FL 33141 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change __ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. I 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 607, Florida Statutes; and that my name appears in

EDWARD EATZ, PRES.

3/2/98

305 864 8165

FLORIDA DEPARTMENT OF STATE

FILED