

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:42

DOCUMENT # **410385** (9)  
1. Corporation Name  
**LUDOVICI & ORANGE CONSULTING ENGINEERS, INC**

Principal Place of Business Mailing Address  
**329 PALERMO AVENUE 329 PALERMO AVENUE**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/09/1972** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **59-1416124** 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 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LUDOVICI, EDWARD PHILIP**  
**329 PALERMO AVENUE**  
**CORAL GABLES FL 33134**

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, typed or printed name of registered agent, and the date applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------|---|--|
| TITLE                      | STD                         | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTIN, RONALD W            | 1.2 NAME  |  |
| STREET ADDRESS             | <del>20141 NW 13TH CT</del> | 1.3 STREET ADDRESS                                    | <b>1496 n.e. 104th Street</b>  |
| CITY-ST-ZIP                | <del>MIAMI-FL-00000</del>   | 1.4 CITY-ST-ZIP                                       | <b>Miami, FL 33138</b>   |
| TITLE                      | CD                          | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUDOVICI, D F               | 2.2 NAME  |  |
| STREET ADDRESS             | 1321 SEVILLA AVE            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CORAL GABLES, FL 00000      | 2.4 CITY-ST-ZIP                                       | <b>33134</b>   |
| TITLE                      | PD                          | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HALL, JOHN R                | 3.2 NAME  |  |
| STREET ADDRESS             | 6510 LK COMO TERR           | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI LKS, FL-00000-        | 3.4 CITY-ST-ZIP                                       | <b>33014</b>   |
| TITLE                      | VD                          | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOSA, ARTURO                | 4.2 NAME  |  |
| STREET ADDRESS             | 19860 N.W. 65 CT.           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI, FL-00000             | 4.4 CITY-ST-ZIP                                       | <b>33015</b>   |
| TITLE                      | VD                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SHAHER, JAMES E.            | 5.2 NAME  |  |
| STREET ADDRESS             | 9910 SW 139TH STREET        | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL                    | 5.4 CITY-ST-ZIP                                       | <b>33176</b>   |
| TITLE                      |                             | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME  | <b>VD</b>  |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    | <b>Wong, Juan F.</b>   |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       | <b>14101 Lake Saranac Avenue</b><br><b>Miami Lakes, Florida 33014</b>        |

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(2)(b), 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 its 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 of this report, or in an amendment with an address.

SIGNATURE: **John R. Hall, Pres/Director** 1/9/95 (305) 448-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR