

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **410385 (9)**

1. Corporation Name  
**LUDOVICI & ORANGE CONSULTING ENGINEERS, INC**



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

3. Date Incorporated or Qualified: **10/09/1972**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **59-1416124**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributor:  **\$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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	STD	<input type="checkbox"/> DELETE
2. NAME	MARTIN, RONALD W	
3. STREET ADDRESS	1496 N.E. 104TH STREET	
4. CITY-STATE-ZIP	MIAMI FL	
1. TITLE	CD	<input type="checkbox"/> DELETE
2. NAME	LUDOVICI, D F	
3. STREET ADDRESS	1321 SEVILLA AVE	
4. CITY-STATE-ZIP	CORAL GABLES, FL 00000	
1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	HALL, JOHN R	
3. STREET ADDRESS	8510 LK COMO TERR	
4. CITY-STATE-ZIP	MIAMI LKS, FL 00000	
1. TITLE	VD	<input type="checkbox"/> DELETE
2. NAME	SOSA, ARTURO	
3. STREET ADDRESS	19860 N.W. 65 CT.	
4. CITY-STATE-ZIP	MIAMI, FL 00000	
1. TITLE	VD	<input type="checkbox"/> DELETE
2. NAME	SHAFER, JAMES E.	
3. STREET ADDRESS	9910 SW 139TH STREET	
4. CITY-STATE-ZIP	MIAMI FL	
1. TITLE	VD	<input type="checkbox"/> DELETE
2. NAME	WONG, JUAN F.	
3. STREET ADDRESS	14101 LAKE SARANAC AVE	
4. CITY-STATE-ZIP	MIAMI LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	

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-02/14/96--01007--011  
\*\*\*208.75

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 305-448-1600  
DATE TIME

CR2E034 (12/95)