

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33134-6637**

3. Date Incorporated or Qualified  
**10/09/1972**

3a. Date of Last Report  
**02/09/1996**

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  
21 Suite, Apt #, etc  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt #, etc  
27 City & State  
28 Zip Country  
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  
**John R. Hall**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**329 Palermo Avenue**  
83  
84 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: *John R. Hall*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)  
DATE: **1/4/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>MARTIN, RONALD W</b>
STREET ADDRESS	<b>1496 N.E. 104TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LUDOVICI, D F</b>
STREET ADDRESS	<b>1321 SEVILLA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>HALL, JOHN R</b>
STREET ADDRESS	<b>6510 LK COMO TERR</b>
CITY-ST-ZIP	<b>MIAMI LKS, FL 00000</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SOSA, ARTURO</b>
STREET ADDRESS	<b>19860 N.W. 65 CT.</b>
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SHAFER, JAMES E.</b>
STREET ADDRESS	<b>9910 SW 139TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WONG, JUAN F.</b>
STREET ADDRESS	<b>14101 LAKE SARANAC AVE</b>
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Oriza M. Dawes</b>
1.3 STREET ADDRESS	<b>14457 S.W. 139th Avenue Circle</b>
1.4 CITY-ST-ZIP	<b>Miami, Florida 33186</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *John R. Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **1/6/97** Daytime Phone #: **(305) 448-1600**

CR2E034 (9/96)