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

FILED

Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HALL, JOHN R. 329 PALERMO AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD MARTIN, RONALD W 1498 N.E. 104TH STREET MIAMI FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS DAWES, ORIZA M. 14457 SW 139TH AVENUE CIRCLE MIAMI FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD HALL, JOHN R 6510 LK COMO TERR MIAMI LKS, FL 00000	13 STREET ADDRESS	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VD SOSA, ARTURO 19860 N.W. 85 CT. MIAMI, FL 00000	14 CITY-ST-ZIP	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD SHAFER, JAMES E. 8910 SW 139TH STREET MIAMI FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WONG, JUAN F. 14101 LAKE SARANAC AVE MIAMI LAKES FL	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		25 TITLE	
NAME		26 NAME	
STREET ADDRESS		27 STREET ADDRESS	
CITY-ST-ZIP		28 CITY-ST-ZIP	
TITLE		29 TITLE	
NAME		30 NAME	
STREET ADDRESS		31 STREET ADDRESS	
CITY-ST-ZIP		32 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/9/98 (308) 448-1600

CR20034 (10/97)