

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 410385

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**

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	29 Country
25	30		

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code **FL**

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 the current year Intangible Personal Property Tax: Yes No

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature expires 1 year from filing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWES, ORIZA M.	12 NAME	
STREET ADDRESS	14457 SW 139TH AVENUE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JOHN R	22 NAME	
STREET ADDRESS	6510 LK COMO TERR	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LKS, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, ARTURO	32 NAME	
STREET ADDRESS	19860 N.W. 85 CT.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFER, JAMES E.	42 NAME	
STREET ADDRESS	9910 SW 139TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, JUAN F.	52 NAME	
STREET ADDRESS	14101 LAKE SARANAC AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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JD
2-8-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: *Oriza Dawes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (305) 448-1600
DATE: _____ DAYTIME PHONE: _____

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