FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F39222 (7)APEC ENGINEERING CONSULTANTS, INC. Principal Place of Business Mailing Address 3225 AVIATION AVE. 3225 AVIATION AVE. SUITE 501 SUITE 501 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1981 2. Principal Place of Business Mailing Address Applied For 59-2129171 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \square 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARTIN, JOHN A. 3225 AVIATION AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 501 83 **COCONUT GROVE FL 33133** 84 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, a remaining with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed harne of registered egent and little if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition TITLE Change 11 TITLE MARTIN, JOHN A. NAME 1.2 NAME CR2E034 3225 AVIATION AVE., SUITE 501 STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP STD DELETE 2.1 TITLE Change ☐ Addition HUE, E.L. NAME 2.2 NAME 3225 AVIATION AVE., SUITE 501 STREET ADDRESS 2.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE JOSEPH, AREK NAME 3.2 NAME 3225 AVIATION AVE., SUITE 501 STREET ADDRESS 3.3 STREET ADDRESS COCONUT GROVE FL CITY - ST - ZIP 3.1. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of 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 requiremental 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 of the requiremental report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of og an attachment my supplemental reports.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

John A Martin

Change

☐ Addition