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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001198 (9)

1. Corporation Name

THE CANTOR SEINUK GROUP, ENGINEERS, P.C.



Principal Place of Business

Mailing Address

600 MADISON AVE. - 7TH FL.
NEW YORK NY 10022

600 MADISON AVE. - 7TH FL.
NEW YORK NY 10022

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANDELA, HILARIO
SPILLIS, CANDELA & PARTNERS
800 DOUGLAS ENTRANCE
CORAL GABLES FL 33134

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 607.0502 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
SEINUK, YSRAEL A
STREET ADDRESS
82 TENNIS PLACE
CITY-ST-ZIP
FOREST HILLS GARDENS NY 11375

TITLE ☐ DELETE

NAME
CANTOR, IRWIN G
STREET ADDRESS
2 BAY CLUB DR. - APT. 21W
CITY-ST-ZIP
BAYSIDE NY 11360

TITLE ☐ DELETE

NAME
MARCUS, SILVIAN
STREET ADDRESS
6 SUNSET CIRCLE
CITY-ST-ZIP
HASTINGS-ON-HUDSON NY 10706

TITLE ☐ DELETE

NAME
SALCEDO, ESTANISLAO T
STREET ADDRESS
12 TERRY TERRACE
CITY-ST-ZIP
SOMERSET NJ 08873

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with 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 attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

212-355-1111

Daytime Phone #

CR2E034 (12/95)