

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 26 AM 10:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # H93184 (0)**

1. Corporation Name  
**ENGINEERING AMERICA, INC.**

Principal Place of Business  
**2075 N.E. 191 STREET  
SUITE 704, CONCORD CENTRE  
N. MIAMI BEACH FL 33180**

Mailing Address  
**2075 N.E. 191 STREET  
SUITE 704, CONCORD CENTRE  
N. MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**01/07/1986**

3a. Date of Last Report  
**04/01/1994**

4. FEI Number  
**59-2621552**

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. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PS**  
NAME **GELB, EUGENE F.**  
STREET ADDRESS **2875 NE 191ST ST, #704**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D**  
NAME **CABRALES, ORLANDO**  
STREET ADDRESS **2875 NE 191ST ST, #704**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **CD**  
NAME **GEDEON, RODOLFO**  
STREET ADDRESS **2875 NE 191ST ST, #704**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D**  
NAME **DI CAPUA, PIERO**  
STREET ADDRESS **2875 NE 191ST ST, #704**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME **D RICCARDO DI CAPUA**  
5.3 STREET ADDRESS **2875 NE 191ST ST #704**  
5.4 CITY - ST - ZIP **N. MIAMI BEACH, FL 33180**

6.1 TITLE  Change  Addition  
6.2 NAME **D CHARLES MAYER**  
6.3 STREET ADDRESS **2875 NE 191ST ST #704**  
6.4 CITY - ST - ZIP **N. MIAMI BEACH, FL 33180**

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 110.07(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 appointment with an address.

SIGNATURE: *E F Gelb* **E F GELB, PRES** 4/19/95 3059373227  
Signature and typed or printed name of signing officer or director Date Daytime Phone #