

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H93184 (0)**

1. Corporation Name
ENGINEERING AMERICA, INC.



Principal Place of Business: **2875 N.E. 191 STREET SUITE 704, CONCORD CENTRE N. MIAMI BEACH FL 33180**
Mailing Address: **2875 N.E. 191 STREET SUITE 704, CONCORD CENTRE N. MIAMI BEACH FL 33180**

2. Principal Place of Business: **SUITE 704 TURNBERY PLAZA**
2a. Mailing Address: **SUITE 704 TURNBERY PLAZA**
22. City & State: **MIAMI BEACH FL**
27. City & State: **MIAMI BEACH FL**
23. Zip: **33180**
25. Country: **USA**
29. Zip: **33180**
30. Country: **USA**

3. Date Incorporated or Qualified: **01/07/1986**
3a. Date of Last Report: **04/26/1995**
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. 199.032, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	GELB, EUGENE F.	
STREET ADDRESS	2875 NE 191ST ST, #704	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CABRALES, ORLANDO	
STREET ADDRESS	2875 NE 191ST ST, #704	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GEDEON, RODOLFO	
STREET ADDRESS	2875 NE 191ST ST, #704	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DI CAPUA, PIERO	
STREET ADDRESS	2875 NE 191ST ST, #704	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DI CAPUA, RICARDO	
STREET ADDRESS	2875 NE 191ST ST. #704	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYER, CHARLES	
STREET ADDRESS	2875 NE 191ST ST. N. 704	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	DICAPUA, RICCARDO
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 to on an attachment with an address.

SIGNATURE: *[Signature]* PRES E F GELB PRES 1/31/96 3059378727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Type)

CR2E034 (12/95)