FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J37955 (8)

1. Corporate Name
MCDOWELL ENGINEERING CONSULTANTS, INC.

Principal Address
9500 DADELAND BLVD
SUITE 612
MIAMI FL 33156

Mailing Address
9500 DADELAND BLVD
SUITE 612
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Organized: 10/13/1986
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt # or Bldg
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-2725239
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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
SWAN, MICHAEL J., ESQ
44 W. FLAGLER ST
SUITE 1700 COURTHOUSE TOWER
MIAMI FL 33130-1808

10. Name and Address of New Registered Agent
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 607.0504, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	DP	TYPE	[ ] Change [ ] Addition
NAME	MCDOWELL, JAMES T.	NAME	
STREET ADDRESS	14100 SW 98TH COURT	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TYPE	ST	TYPE	[ ] Change [ ] Addition
NAME	MILIAN, RICARDO L	NAME	
STREET ADDRESS	10001 SW 164TH TERR	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	CITY, ST, ZIP	
TYPE		TYPE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TYPE		TYPE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, submitted and fees paid, is the information stated in Section 607.0502, Florida Statutes. Further certify that the information stated on this annual report or supplemental annual report is true and correct and that the signature shall have the same legal effect as those made under oath. [illegible] the report or supplemental annual report is not filed or fees paid within the time required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereunder as an officer with an address.

SIGNATURE: RICARDO MILIAN 5/4/95 305-670-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100134 CP