

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L44737 (9)
1. Corporation Name
PHS ENGINEERING CORP.

Principal Place of Business
4100 NE 2ND AVE.
320
MIAMI FL 33137
US

Mailing Address
4100 NE 2ND AVE
STE 320
MIAMI FL 33137
US

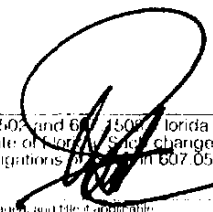


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1990	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FOUCARD, ALEXANDRA 4100 NE 2ND AVE. STE. 309 MIAMI FL 33137		RONALD M. COLAS, P.E. 4100 NE 2ND AVE # 309 MIAMI FL 33137	

11. Pursuant to the provisions of Sections 607.050, and 607.1300, 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 607.050, Florida Statutes.

SIGNATURE:  DATE: 2-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	FOUCARD, ALEXANDRA	1.2 NAME	FOUCARD ALEXANDRA
STREET ADDRESS	4100 NE 2ND AVE., STE. 309	1.3 STREET ADDRESS	4100 NE 2ND AVE STE 309
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	VPD	2.1 TITLE	P.D. ASSISTANT SECRETARY
NAME	COLAS, RONALD P	2.2 NAME	COLAS RONALD M. P.E.
STREET ADDRESS	4100 NE 2ND AVE., #320	2.3 STREET ADDRESS	4100 NE 2ND AVE, STE 320
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	D	3.1 TITLE	
NAME	ALBAARI, RAQUEEB AJA	3.2 NAME	
STREET ADDRESS	4100 NE 2ND AVE., #307	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	VILLAIN, MARC	4.2 NAME	
STREET ADDRESS	4100 NE 2ND AVE., #320	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D.S.	5.1 TITLE	D. SECRETARY
NAME	JEAN ROBERT SICHAIT	5.2 NAME	JEAN ROBERT SICHAIT
STREET ADDRESS	4100 NE 2ND AVE STE 309	5.3 STREET ADDRESS	4100 NE 2ND AVE STE 309
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 attached exhibit.

SIGNATURE:  02-08-98 305-873-2240

CR2EC034 (10/97)