

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 07 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12394** (3)
 1. Corporation Name
ENGINEERING AND TECHNICAL CONSULTING LTD., INC.



Principal Place of Business C/O DAVID M. KRAUSE 3106 PONCE DE LEON BLVD. CORAL GABLES FL 33134	Mailing Address C/O DAVID M. KRAUSE 3106 PONCE DE LEON BLVD. CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 801 BRICKELL AVE Suite, Apt. #, etc. 22 SUITE 101 City & State 23 MIAMI FL Zip 24 33131 Country 25 USA	2a. Mailing Address 26 801 BRICKELL AVE Suite, Apt. #, etc. 27 SUITE 101 City & State 28 MIAMI FL Zip 29 33131 Country 30 USA
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3. Date Incorporated or Qualified 12/08/1986	3a. Date of Last Report 07/17/1996
4. FEI Number 98-0082177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAUSE, DAVID M. 3193 PONCE DE LEON BLVD. CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVENUE 83 SUITE 101 84 City MIAMI FL 85 Zip Code 33131
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 **8/1/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZECEVIC, G.	1.2 NAME	
STREET ADDRESS	P.O. BOX 1450, GRAND RUE 114	1.3 STREET ADDRESS	
CITY-ST-ZIP	1820 MONTREUX 1 SWITZERLAND N/A	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SJOBERG, TORBJOURN	2.2 NAME	
STREET ADDRESS	P.O. BOX 1450, GRAND RUE 114	2.3 STREET ADDRESS	
CITY-ST-ZIP	1820 MONTREUX 1 SWITZERLAND N/A	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDULLA, FAROUK	3.2 NAME	
STREET ADDRESS	P.O. BOX 1450, GRAND RUE 114	3.3 STREET ADDRESS	
CITY-ST-ZIP	1820 MONTREUX 1 SWITZERLAND N/A	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

CR2E034 (4/97)