

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Oct 08 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 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 801 BRICKELL AVE STE 1501 MIAMI FL 33131 US	Mailing Address C/O DAVID M. KRAUSE 801 BRICKELL AVE STE 1501 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Thomas J. Skola Suite, Apt. #, etc. 22 5201 Blue Lagoon Dr. - Ste 100 City & State 23 Miami FL Zip 24 33126	2a. Mailing Address 26 C/O Thomas J. Skola Suite, Apt. #, etc. 27 Suite 100 5201 Blue Lagoon Drive City & State 28 Miami FL Zip 29 33126	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 12/08/1986	4. FEI Number 98-0082177	Applied For 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.  
 801 BRICKELL AVE  
 SUITE 1501  
 MIAMI FL 33131

10. Name and Address of New Registered Agent  
 81 Name THOMAS J. SKOLA C/O BECKER & POLIAKOFF P.A.  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 5201 BLUE LAGOON DRIVE  
 83 SUITE 100  
 84 City MIAMI FL 85 Zip Code 33126

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: *Thomas J. Skola* 9/18/98  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE PD	DELETED
NAME ZECVIC, G.	
STREET ADDRESS P.O. BOX 1450, GRAND RUE 114	
CITY-ST-ZIP 1820 MONTREUX 1 SWITZERLAND N/A	
TITLE VD	DELETED
NAME SJOBERG, TORBJOURN	
STREET ADDRESS P.O. BOX 1450, GRAND RUE 114	
CITY-ST-ZIP 1820 MONTREUX 1 SWITZERLAND N/A	
TITLE SD	DELETED
NAME ABDULLA, FAROUK	
STREET ADDRESS P.O. BOX 1450, GRAND RUE 114	
CITY-ST-ZIP 1820 MONTREUX 1 SWITZERLAND N/A	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	PESKO, BORIS
3.3 STREET ADDRESS	P.O. BOX 1450, GRAND RUE 114
3.4 CITY-ST-ZIP	1820 MONTREUX, SWITZERLAND N/A
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	300002660833
4.3 STREET ADDRESS	-10/09/98--01086--008
4.4 CITY-ST-ZIP	***550.00
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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 attachment with an address.

SIGNATURE: *Thomas J. Skola* 11 02 98

CR2E034 (5/98)