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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P12394**

1. Corporation Name
ENGINEERING AND TECHNICAL CONSULTING LTD., INC.



Principal Place of Business: C/O THOMAS J. SKOLA, 5201 BLUE LAGOON DR., SUITE 100, MIAMI FL 33126, US
 Mailing Address: C/O THOMAS J. SKOLA, 5201 BLUE LAGOON DR., SUITE 100, MIAMI FL 33126, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/08/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		98-0082177	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SKOLA, THOMAS J C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR., SUITE 100 MIAMI FL 33126				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
				10. Name and Address of New Registered Agent	
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.					

9. Name and Address of Current Registered Agent
SKOLA, THOMAS J
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR., SUITE 100
MIAMI FL 33126

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	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZECEVIC, G.	1.1 TITLE	
NAME	P.O. BOX 1450, GRAND RUE 114	1.2 NAME	
STREET ADDRESS	1820 MONTREUX 1 SWITZERLAND N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SJOBERG, TORBJORN	2.1 TITLE	
NAME	P.O. BOX 1450, GRAND RUE 114	2.2 NAME	
STREET ADDRESS	1820 MONTREUX 1 SWITZERLAND N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD PESKO, BORIS	3.1 TITLE	
NAME	P.O. BOX 1450, GRAND RUE 114	3.2 NAME	
STREET ADDRESS	1820 MONTREUX SWITZERLAND N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 attachment with an address, with all other like empowered.

SIGNATURE: TORBJORN SJOBERG 1999-04-30 +4121 9611870
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)