

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> P34750 <b>1. Corporation Name</b> AVITAS ENGINEERING, INC.	<b>(0)</b>
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<b>Principal Place of Business</b> 815 NW 57TH AVE. SUITE 203 MIAMI FL 33126 US	<b>Mailing Address</b> 815 NW 57TH AVE. SUITE 203 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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<b>3. Date Incorporated or Qualified</b> 07/15/1991	
<b>4. FEI Number</b> 65-0266003	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	NELSON, LAUREN B.	1.2 NAME	Nelson, Lauren B
STREET ADDRESS	815 N.W. 57TH AVE. #140	1.3 STREET ADDRESS	815 N.W. 57th Ave # 203
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33126
TITLE	VSD	2.1 TITLE	VD
NAME	BROYARD, MICHAEL C.	2.2 NAME	Broyard, Michael C.
STREET ADDRESS	815 N.W. 57TH AVE. #140	2.3 STREET ADDRESS	815 N.W. 57th Ave # 203
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33126
TITLE	CD	3.1 TITLE	D
NAME	CRAWFORD, LAWRENCE R.	3.2 NAME	Jacobson, Philip S.
STREET ADDRESS	1835 ALEXANDER BELL DR.	3.3 STREET ADDRESS	16340 Park Ten Place, Suite 100
CITY-ST-ZIP	RESTON VA	3.4 CITY-ST-ZIP	Houston, TX 77084-5143
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Helge Dag Tangen
STREET ADDRESS		4.3 STREET ADDRESS	70 Grand Avenue, River Edge, New
CITY-ST-ZIP		4.4 CITY-ST-ZIP	River Edge, New Jersey 07641
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Venold, Einar O.
STREET ADDRESS		5.3 STREET ADDRESS	16340 Park Ten Place, Suite 100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Houston, TX 77084-5143
TITLE		6.1 TITLE	ST
NAME		6.2 NAME	Sardo, Michael R. Jr.
STREET ADDRESS		6.3 STREET ADDRESS	1835 Alexander Bell Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Reston VA 20191

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Michael R. Sardo Michael R. Sardo 2/24/98 703-476-2300

CR2E034 (10/97)