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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019577 (4)

DELTA CONSULTING ENGINEERS, INC.

Mailing Address

FILED Jan 14 1997 8:00am Secretary of State



8410 W. FLAGI MIAMI FL 3314	LER ST. STE 105 B	8410 W. FLAGLER ST. STE 105 B MIAMI FL 33144-2092									
						3.	Date Incorporated or Qualified 03/16/1993	3a. Da 06/0	ite of Last F 05/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0394231 Not Applicable					
Suite, Apt.	#, etc	Suite Apt. #, etc.				5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	e	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζφ 29	Country 30	у				Yes [☐ No	199.032,	
	g. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Re	gistered .	Agent		
	HTAN, MICHAEL F		81		Name						
TWO ALHAMBRA PLAZA SUITE 810			82		Street Addr	ess (P	O. Box Number is Not Acceptab	le)		71111	
COF	VAL GABLES FL 33134		83	1							
			84		City			FL	85 Zip	Code	
SIGNATURE	Signature, speld or protect name of registeric age.		OTE: Registered Ag	ent	signature requir		reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12	
TITLE	P	DELETE	1.1 TITLE							• Addition	
NAME	Sousa, Serafin Jr.		1.2 NAME								
STREET ADDRESS	1255 BIRD RD		13 STREET	T A[DDRESS						
CITY-ST 7IP	CORAL GABLES FL 33146	——————————————————————————————————————	1.4 CiTY - 5	ST-	ZIP						
TITLE	SANTO-THOMAS, ROBERTO A	DELETE	21 TITLE 22 NAME						Change	Addition	
NAME STREET ADDRESS	4061 SW 102 AVENUE	•	2.3 STREE		DDRESS						
CITY - ST - ZIP	MIAMI FL 33165		2.4 CITY-		1						
TIFLE	3	DELETE	3.1 TITLE						Change	Addition	
NAME	SIEGENTHALER, MARK		3.2 NAME								
STREET ADDRESS	251 NW 90TH AVE. CORAL SPRINGS FL 33071		3 3 STREE								
CITY-ST-ZIP	CONAL SPRINGS PE SSU/ I	DELETE	3.4 CITY- 4.1 11TLE		- ZIP				Change	Additio	
TITLE. NAME		ב סבננונ	4.1 MLE 4.2 NAME						T) Alloude	L Apaillo	
STREET ADDRESS			4.2 NAME		DORESS						
City-St-7IP			4.4 CITY-								
TITLE		DELETE	5 1 TITLE						Change	Additio	
NAME			52 NAME								
STREET ADDRESS			53 STREE		- 1						
CHTV - ST - ZIF!		DELETE	54 CITY -: 61 TITLE		ZIP				Change	Additio	
NAME		till bettilt	6 2 NAME						- umigo		
STREET ADDRESS			6.3 STREE		DORESS						
CITY-ST-ZIP			6.4 CITY		1						

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 couriged, or on an attachment with an address.