

DOCUMENT # P93000019577

1. Entity Name

DELTA CONSULTING ENGINEERS, INC.

Principal Place of Business

8672 SW 40TH STREET
211
MIAMI FL 33155

Mailing Address

8672 SW 40TH STREET
211
MIAMI FL 33155

2. Principal Place of Business

249 CATALONIA AVE

Suite, Apt. #, etc.

3. Mailing Address

249 CATALONIA AVE.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

PAVE

Zip

33134

Country

PAVE

4. FEI Number

65-0394231

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASHTAN, MICHAEL F ESQ
241 SEVILLA AVE
PH2
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

SERAFIN SOUSA JR. PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1/08/01

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SOUSA, SERAFIN JR.
STREET ADDRESS 1101 CORDOVA ST.
CITY-ST-ZIP CORAL GABLES FL 33144



Delete

TITLE VD
NAME MCCUE, STEVE D
STREET ADDRESS 15136 S.W. 142ND COURT
CITY-ST-ZIP MIAMI FL 33186



Delete

TITLE STD
NAME SIEGENTHALER, MARK
STREET ADDRESS 251 N.W. 90TH AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33071



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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Change



Addition

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CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERAFIN SOUSA JR

DATE

1/08/01

Daytime Phone #

305 444 6510

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90003 045 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)