FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027932 (0)

CONSULTING ENGINEERS, INC.

Principal Place of Business Mailing Address 100 MIRACLE MILE 100 MIRACLE MILE #300 #300 CORAL GABLES FL 33134-5411 **CORAL GABLES FL 33134** US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1994 05/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0498022 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent FERNANDEZ, MARIANO 81 Name A PEMN CHABS 100 MIRACLE MILE Street Address (P.O. Box Number is Not Acceptable) 82 #300 100 MARKIE Mile, Syik 300 **CORAL GABLES FL 33134** 83 84 Zip Code 60 615 10592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by gations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered ac agent I am familiar v MADE A PENW required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13, n DELETE Change Addition 1.1 TITLE TITLE FERNANDEZ, MARIANO PRNIN. CARLUSA NAME 1.2 NAME 100 MIRACLE MILE, SUITE 300 100 MiRAGIE MILCS wite 300 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CORAL COMBIES FIL 33134 1.4 CITY-ST-ZIP CHTY- ST-ZIF DELETE 2.1 TITLE Change Addition THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST-2IP DELETE Change Addition THEF 3.1 TITLE

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 any ual 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 perport ition of the regulator or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1311 changed; or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 Street Address

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

3.4. CITY - ST-ZIP

44 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAM:

THILE

NAME

TITLE

THE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY ST-ZIP

CITY - S1 - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

- 4/24/

1/24/87 (305) 461-5484 Date Daytime Priors

Change

Change

Addition

Addition

Addition

FILED

May 15 1997 8:00am

Secretary of State