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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000084338 (9)

1. Corporation Name  
CITI CONSULTING ENGINEERS, INC.



Principal Place of Business

9280 S.W. 150TH AVENUE  
SUITE 105  
MIAMI FL 33196

Mailing Address

9280 S.W. 150TH AVENUE  
SUITE 105  
MIAMI FL 33196-1349

3. Date Incorporated or Qualified  
11/02/1995

3a. Date of Last Report  
06/25/1996

2. Principal Place of Business

21 13015 S.W. 132 AVE.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 33186

25 USA

2a. Mailing Address

26 13015 S.W. 132 AVE

Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

29 33186

30 USA

4. FEI Number

65-0626036

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROIZ, PAULA A  
9936 S.W. 154TH COURT  
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

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

13015 S.W. 132 AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33186

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

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

(NOTE: Registered Agent signature required when reinstating)

04-14-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
NAME ORTIZ, RAMON V  
STREET ADDRESS 9349 S.W. 144TH PLACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

SD  
NAME AVELAR, ELIAS  
STREET ADDRESS 9349 S.W. 144TH PLACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

TD  
NAME ROIZ, PAULA A  
STREET ADDRESS 9936 S.W. 150TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 13015 S.W. 132 AVENUE  
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 13015 SW 132 AVENUE  
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 13015 SW 132 AVENUE  
3.4 CITY-ST-ZIP MIAMI, FL 33186

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-97

(305) 259-9004

Date

Daytime Phone #

CR2E034 (9/96)