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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018286 (9)

G & A CONSULTING ENGINEERS, INC.

11401 SOUTHWEST 88 AVENUE 11401 SOUTHWEST 88 AVENUE MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NamA LIBERTO AMERILAWYER CHARTERED ROMANACH Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 City 84 35176 MIANI 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 5/20/98 KOMANACH required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 11 THILE NAME ROMANACH, GABRIEL E 1.2 NAME 11401 SOUTHWEST 88 AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY - ST-ZIP Vice President bleveting Achange DELETE 2.1 TI LE VSTD ROMANACH, ALBERTO J ROMANACH, ALBERTO J 2.2 NAME 115 AVE STREET ADORESS 11401 SOUTHWEST 88 AVENUE 2.3 STREET ADDRESS 9701 5.W. **MIAMI FL 33176** CITY-ST-ZIP 2. 4 CITY-ST-ZIP MIANI Change

14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 mostee 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

3.1 TIFLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TIFLE

5.2 NAME

6 1 TITLE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54CTY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

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5/20/98 (205) 4/2.2369 Date Prove # 0245564

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Jun 04 1998 8:00am

Secretary of State