

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000094439 (1)

1. Corporation Name

ENGINEERING BUILDING TECHNOLOGIES, INC.

Principal Place of Business

990 OPAL TERRACE
WESTON FL 33326

Mailing Address

990 OPAL TERRACE
WESTON FL 33326

2. Principal Place of Business

21 318 Indian Trace
Suite, Apt. #, etc.

26 Mailing Address

26 318 Indian Trace
Suite, Apt. #, etc.

22 Suite # 263

27 Suite # 263

City & State

23 Weston

28 City & State

28 Weston

Zip

24 33326

Country

25 U.S.A.

Zip

29 33326

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SOULE, JAMES L.
7515 W OAKLAND PARK BLVD.
SUITE 103
FORT LAUDERDALE FL 33319

81 Name

Alice Handal Baeza

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

318 Indian Trace

83

Suite 263

84 City

Weston

FL 33326

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 Alice Handal Baeza, *Alba*

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

(NOTE: Registered Agent signature required when reinstating)

4-1-98

DATE

12.

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Soule, James L. - registered agent 7515 W Oakland Park Blvd. Suite 103 Fort Lauderdale, FL 33319	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
			1.2 NAME	ALICE HANDAL BAEZA	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	318 Indian Trace, Suite 263	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			1.4 CITY-ST-ZIP	WESTON, FL 33326	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	Vice - President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
			2.2 NAME	RALPH BAEZA, P. E.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	318 Indian Trace, Suite 263	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			2.4 CITY-ST-ZIP	Weston, FL 33326	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			3.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			4.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			5.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			6.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			6.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. 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 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 no attachment with an address.

SIGNATURE:

EX-1454 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-98 (954) 389-7212

CR2E034 (10/97)