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Mar 11 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 # **S13990** (4)
1. Corporation Name
CRITERIUM YAZDANI ENGINEERS, INC.
structural Engineering & Design Consultant, Inc.



Principal Place of Business: 6300 NW 58TH WAY, PARKLAND FL 33067, US
Mailing Address: 6574 N. STATE RD. 7 #182, COCONUT CREEK FL 33073-3625, US

3. Date Incorporated or Qualified: 11/19/1990
3a. Date of Last Report: 04/15/1996
4. FEI Number: 65-0229602
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

2. Principal Place of Business: 21 6311 N.W. 58TH WAY, 22 PARKLAND, FL., 23 33067, 25 USA
2a. Mailing Address: 26 Suite, Apt #, etc., 27 City & State, 28 33067, 29 USA, 30

9. Name and Address of Current Registered Agent: YAZDANI, DUSTIN F, 6574 N. STATE RD. 7 #182, COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YAZDANI, "DUSTIN" F.	
STREET ADDRESS	6311 NW 58TH WAY	
CITY-ST-ZIP	PARKLAND FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	YAZDANI, ROBIN A.	
STREET ADDRESS	6311 NW 58TH WAY	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33067
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33067
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100002109951
5.3 STREET ADDRESS	-03/11/97--01026--041
5.4 CITY-ST-ZIP	***8.75
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002109950
6.3 STREET ADDRESS	-03/11/97--01026--040
6.4 CITY-ST-ZIP	***165.00

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: *F. Hord* 2/24/96 95A-340-1598
DATE: _____ DAYTIME PHONE # _____

CR2E034 (9/96)