

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

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**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S30423 (5)

1. Corporation Name
AVENTURA ENGINEERING & CONSTRUCTION CORP.



Principal Place of Business 3550 BISCAYNE BLVD. SUITE 604 MIAMI FL 33137 US	Mailing Address P.O. BOX 80052 AVENTURA FL 33280
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2. Principal Place of Business 21 2800 Biscayne Blvd Suite, Apt. #, etc. 22 Suite # 530 City & State 23 Miami Florida Zip Country 24 33137 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 02/06/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0244434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LOPEZ, CARY O.
 3550 BISCAYNE BLVD.
 SUITE 604
 MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name Lopez, Cary O.	82 Street Address (P.O. Box Number is Not Acceptable) 2800 Biscayne Blvd	83 Suite # 530	84 City Miami FL	85 Zip Code 33137
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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 Cary O. Lopez, President DATE 3/5/97

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> DELETE
NAME	LOPEZ, CARY O.	
STREET ADDRESS	21376 MARINA COVE CIR.	
CITY-ST-ZIP	AVENTURA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROSALINE E.	
STREET ADDRESS	3550 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lopez, Elsie E.	
3.3 STREET ADDRESS	2800 Biscayne Blvd # 530	
3.4 CITY-ST-ZIP	Miami FL 33137	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Cary O. Lopez, President DATE 3/5/97

CR2E034 (9/96)