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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90026 025 ***150.00

DOCUMENT # S30423

1. Corporation Name AVENTURA ENGINEERING & CONSTRUCTION CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2800 BISCAYNE BLVD. STE 530 MIAMI FL 33137 US

Mailing Address P.O. BOX 80052 AVENTURA FL 33280

3. Date Incorporated or Qualified.

02/06/1991

4. FEI Number 65-0244434 Applied For Not Applicable

2. Principal Place of Business Suite, Apt. #, etc.

2a. Mailing Address Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country

28 Zip 29 Country

8. This corporation owes the current year Intangible Personal Property Tax. No

9. Name and Address of Current Registered Agent

LOPEZ, CARY O 2800 BISCAYNE BLVD. STE 530 MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include P/C LOPEZ, CARY O., STD WILLIAMS, ROSALINE E., D LOPEZ, ELSIE E.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and 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 an attachment with an address, with all other like empowered.

SIGNATURE: CARY O. LOPEZ 4/5/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)