

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

FILED
May 14 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 # *Stle6560*
 1. Corporation Name
Solutions Engineering, Inc.

Principal Place of Business: *unchanged*
 Mailing Address: *unchanged (Please correct your records)*

2. Principal Place of Business: *unchanged*
 2a. Mailing Address: *Solutions Engineering Inc.*
 26. *Solutions Engineering*
 Suite, Apt. #, etc.
 27. *PO Box 520890*
 City & State: *MIAMI FL*
 28. *MIAMI FL*
 Zip: *33152* Country: *US*

3. Date Incorporated or Qualified: *1994*
 3a. Date of Last Report: *1994*
 4. FEI Number: *65-0310432*
 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

9. Name and Address of Current Registered Agent: *unchanged*

10. Name and Address of New Registered Agent
 81. Name: *Edward KATZ*
 82. Street Address (P.O. Box Number is Not Acceptable): *7832 COLLINS AVE #303*
 83.
 84. City: *MIAMI BEACH* State: *FL* Zip Code: *33141*

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's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<i>PST</i>	<input type="checkbox"/> DELETE
NAME	<i>EDWARD KATZ</i>	
STREET ADDRESS	<i>7832 COLLINS AVE #303</i>	
CITY-STATE-ZIP	<i>MIAMI BEACH FL 33141</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
SIGNATURE		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
SIGNATURE		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
SIGNATURE		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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*****165.00**

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 provided 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 on Block 12 or Block 13, unchanged, or on an attachment with an address

SIGNATURE: *[Signature]* **305 864 8865**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)