

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Amended

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # V10705
1. Corporation Name
Surveyors, Inc.

Principal Place of Business Mailing Address
2300 NW 94th Avenue 2300 NW 94th Avenue
203 203
Miami FL 33172 Miami, FL 33172
US US

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	01/31/1992	02/22/1999
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0317379	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	
24	25	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Cabrera, Nelson
14721 SW 153rd. Place
Miami, FL 33196

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cabrera, Nelson	1.2 NAME	600002952766--4
STREET ADDRESS	14721 SW 153rd. Place	1.3 STREET ADDRESS	-08/06/99--01067--005
CITY-ST-ZIP	Miami, FL 33196	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cabrera, Vilma	2.2 NAME	
STREET ADDRESS	14721 SW 153rd. Place	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33196	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	D/V/S
NAME		3.2 NAME	Cabrera, Leslie
STREET ADDRESS		3.3 STREET ADDRESS	14721 SW 153rd. Place
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33196
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99 305-599-3039
Date Daytime Phone #

CR2E034 (9/96)