

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

FILED

May 05 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 # **V72659** (8)

1. Corporation Name
AVENTURA ENGINEERING CORP.

Principal Place of Business 3550 BISCAYNE BLVD 804 MIAMI FL 33137 US	Mailing Address P O BOX 800062 AVENTURA FL 33280-0062
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2. Principal Place of Business 21 2800 Biscayne Blvd Suite, Apt. #, etc. 22 # 530 City & State 23 Miami FL Zip 24 33137		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/19/1992	3a. Date of Last Report 05/01/1996
		4. FEI Number 65-0415321		Applied For <input type="checkbox"/> 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 STE 404 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* DATE **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOPEZ, CARY O.		1.2 NAME Lopez, Cary O.	
STREET ADDRESS 3550 BISCAYNE BLVD #804		1.3 STREET ADDRESS 2800 Biscayne Blvd #530	
CITY-ST-ZIP MIAMI FL 33137		1.4 CITY-ST-ZIP Miami, FL 33137	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Williams, Roseline	
STREET ADDRESS		2.3 STREET ADDRESS 2800 Biscayne Blvd #530	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami, FL 33137	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *Cary O. Lopez, Pres* DATE **4/25/97**

CR2E034 (9/96)