

A M E N D E D

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 393644
1. Corporation Name

ECONOCARIBE CONSOLIDATORS, INC.

Principal Place of Business	Mailing Address
2401 N.W. 69th St. Miami, FL 33147	2401 N.W. 69th St. Miami, FL 33147

3. Date Incorporated or Qualified 01/10/72	3a. Date of Last Report 01/31/96
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1428228	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Gerald Lesnik
2929 N.W. 73rd St.
Miami, FL 33147**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2401 N.W. 69th St.
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: *Gerald Lesnik* DATE: **6/27/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	11 TITLE	600001886856 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD LESNIK	12 NAME	-07/09/96--01013--025
STREET ADDRESS	2401 N.W. 69th St.	13 STREET ADDRESS	***70.00
CITY - ST - ZIP	Miami, FL 33147	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	VP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY LESNIK	22 NAME	
STREET ADDRESS	2401 N.W. 69th St.	23 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33147	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	EMANUEL OFFEN
STREET ADDRESS		33 STREET ADDRESS	2401 N.W. 69th St.
CITY - ST - ZIP		34 CITY - ST - ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> DELETE	41 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	JIL LESNIK
STREET ADDRESS		43 STREET ADDRESS	2401 N.W. 69th St.
CITY - ST - ZIP		44 CITY - ST - ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	CAROL LESNIK
STREET ADDRESS		53 STREET ADDRESS	2401 N.W. 69th St.
CITY - ST - ZIP		54 CITY - ST - ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	HOPE LESNIK
STREET ADDRESS		63 STREET ADDRESS	2401 N.W. 69th St.
CITY - ST - ZIP		64 CITY - ST - ZIP	Miami, FL 33147

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Gerald Lesnik* DATE: **6/27/96** (305) 693-5133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GERALD LESNIK, PRESIDENT** CS 7/8/96

CR2E034 (3/96)