

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

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97 JAN 30 AM 9:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 393644 (0)

1. Corporation Name
ECONOCARIBE CONSOLIDATORS, INC.

Principal Place of Business 2401 N W 69TH ST MIAMI FL 33147	Mailing Address 2401 N W 69TH ST MIAMI FL 33147-6883
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3. Date Incorporated or Qualified 01/10/1972	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-1428228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

**LESNIK, GERALD
2401 NW 69TH ST.
MIAMI FL 33147**

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 _____ DATE _____
Signature, typed or printed name of registered agent and box, if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESNIK, GERALD	
STREET ADDRESS	2401 N.W. 69TH ST.	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	LESNIK, GARY	
STREET ADDRESS	2401 NW 69TH ST	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OFFEN, EMANUEL	
STREET ADDRESS	2401 N W 69TH ST	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LESNIK, JIL	
STREET ADDRESS	2401 N W 69TH ST	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESNIK, CAROL	
STREET ADDRESS	2401 N W 69TH ST	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESNIK, HOPE	
STREET ADDRESS	2401 N W 69TH ST	
CITY - ST - ZIP	MIAMI FL 33147	

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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* DATE: **1/10/97** DAYTIME PHONE #: **(305) 693 5133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/96)