

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1972	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27		28		4. FEI Number 59-1428228	
29		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LESNIK, GERALD 2401 NW 69TH ST. MIAMI FL 33147				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD LESNIK, GERALD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIK, GERALD	1.2 NAME	
STREET ADDRESS	2401 N.W. 69TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	VPSD LESNIK, GARY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIK, GARY	2.2 NAME	
STREET ADDRESS	2401 NW 69TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 83147	2.4 CITY-ST-ZIP	
TITLE	VPD OFFEN, EMANUEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFEN, EMANUEL	3.2 NAME	
STREET ADDRESS	2401 N W 69TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE	TD LESNIK, JIL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIK, JIL	4.2 NAME	
STREET ADDRESS	2401 N W 69TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	4.4 CITY-ST-ZIP	
TITLE	D LESNIK, CAROL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIK, CAROL	5.2 NAME	
STREET ADDRESS	2401 N W 69TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP	
TITLE	D LESNIK, HOPE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNIK, HOPE	6.2 NAME	
STREET ADDRESS	2401 N W 69TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	6.4 CITY-ST-ZIP	

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 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]* **4/21/98** **305) 693 5133**

CR2E034 (10/97)