PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 393644

ECONOCARIBE CONSOLIDATORS, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address						19616 Mill Gittl Gill (616 1616 1616 6111 6611 1616 6114 6616 6114 6616 6	•
2401 N W 69TH ST 2401 N W 69TH ST							
MIAMI FL 33147 MIAMI FL 33147						DO NOT WRITE IN THIS SPACE	
ì						3. Date incorporated or Qualifed	٦
ļ						01/10/1972	-
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	ヿヿ
21 26						59-1428228 Not Applicable	.
Suite, Apt.	Suite, Apt. #, etc.				\$8.75 Additional	7]	
27		27				5. Certificate of Status Desired Fee Required	┙゛
City & State City & State					ت متبسنت	6. Election Campaign Financing \$5.00 May Be	_
23 28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country		У		8. This corporation owes the current year intangible Personal Property Tax Dyes No	
24	25	29 30				1 distribute 1 topolity Tax.	
	9. Name and Address of Current	t Registered Agent	- 18	1 Name		10. Name and Address of New Registered Agent	┥
LES	NIK. GERALD		Ľ				_
	NW 69TH ST.		8	2 Stree	Addres	ss (P.O. Box Number is Not Acceptable)	\ .
	WI FL 33147		8	3			-
}]			_
}			8	4 City		FL 85 Zip Code	
11. Pursupot	to the acruisions of Sections 607 0500	and 607,1508, Florida Statutes.	the abo	ve-name	d corpor		┦ .
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was authors of Section 607 0605. Florida	orized b	y the cor	poration	ation submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered	1
1 *	m raminar with, and accept the conga-	10/15 DI, 38CBORI 607.0300, 7 KING	3401010	·••.			!
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	pistered Ag	ent algoratur	e required v	when reinstating) DATE	7 8
12.	OFFICERS AN	ID DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	₽
TITLE	PD	□ DELETE	1.1 TITLE			` ☐ Change ☐ Additi	SI 8 1 CR2E034 (11/98)
NAME	LESNIK, GERALD		1.2 NAME			•	점
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CITY-ST-ZIP	MIAMI FL 33147		4.4 CITY-ST-ZIP			<u>-</u>	
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NAME	LESNIK, CAROL		5.2 NAME				Ι.
STREET ADDRESS	2401 N W 69TH ST	1	5.3 STRE	ET ADDRES	s		} ;
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NAME	LESNIK, HOPE		62 NAME				1
STREET ADDRESS	2401 N.W 69TH ST		6.3 STRE	ET ADDRES	s		
CITY-ST-ZIP	MIAMI FL 33147		6.4 CITY-				l
14 I horoby	actify that the information examined wit	h this filing does not qualify for the	exemi	tion state	ed in Se	ction 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 effects if made under odit; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as regulared 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, with all other like empowered.

SIGNATURE: _

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR