

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000104030
 1. Entity Name
ECUAEX CORPORATION U.S.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 470 Jefferson Drive Apt 205		3. Mailing Address SAME	
State, Apt. #, etc. Apt 205		Suite, Apt. #, etc.	
City & State Deerfield Beach, FL		City & State	
Zip 33401	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069722	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent
 Name **Gary D. Malfeld, Attorney at Law**
 Street Address (P.O. Box Number is Not Acceptable)
8420 NW 52nd Street
 Suite **107**
 City **Miami** **FL 33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

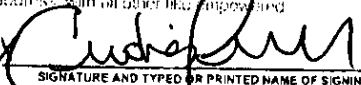
SIGNATURE _____
(Print Name, Title and Address of Registered Agent or Agent in Charge)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PD	NAME Patricio Cruz	TITLE	
STREET ADDRESS Jimenez de la Espada #180		NAME	
CITY-ST-ZIP Edificio Belvedere 6 Piso, Quito, Ecuador		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE STD	NAME Andres Cruz	TITLE	
STREET ADDRESS 1001 S. Flagler Drive #705		NAME	
CITY-ST-ZIP West Palm Beach FL 33401		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. This form is an officer or director of the corporation or the receiver or trustee, or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other filers, employees and

SIGNATURE:  **Andres Cruz** 4/26/02 954-410-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)