

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000079878 (2)**

1. Corporation Name
ECUA-COPY, INC.



Principal Place of Business Mailing Address
15460 SW 73RD LN #1 MIAMI FL 33193 **4936 SW 75 AVE MIAMI FL 33155 US**

3. Date Incorporated or Qualified **10/31/1994** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0535392** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **15824 S.W. 112 TERR** 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 **MIAMI FL**
24 Zip 25 Country 29 **33196** 30 **DADE**

9. Name and Address of Current Registered Agent
ANDA, SANTIAGO
7429 SW 152ND AVE #103
MIAMI FL 33193

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 607.052, 2 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDA, PEDRO	
STREET ADDRESS	15460 SW 73RD LN #1	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDA, SANTIAGO	
STREET ADDRESS	7429 SW 152ND AVE #103	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	PRESIDENT
21 STREET ADDRESS	ANDA SANTIAGO
21 CITY-ST-ZIP	15824 S.W. 112 TERR
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
21 STREET ADDRESS	
21 CITY-ST-ZIP	MIAMI FL 33196
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
31 STREET ADDRESS	
31 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
41 STREET ADDRESS	
41 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 NAME	
51 STREET ADDRESS	
51 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 NAME	
61 STREET ADDRESS	
61 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and that the information 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: *Santiago Pedro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (305) 267-8836

CR2E034 (12/95)