

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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000079878 (2)
 1. Corporation Name
ECUA-COPY, INC.



Principal Place of Business
**15480 SW 73RD LN #1
 MIAMI FL 33193**

Mailing Address
**15824 SW 112 TERR
 MIAMI FL 33196-3628
 US**

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0535392		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ANDA, SANTIAGO 7429 SW 152ND AVE #103 MIAMI FL 33193				B1 Name	MERCEDES RUIZ		
				B2 Street Address (P.O. Box Number is Not Acceptable)	15824 S.W. 112 TERR.		
				B3			
				B4 City	MIAMI	FL	B5 Zip Code 33196.

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: *Mercedes Ruiz* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDA, PEDRO	1.2 NAME	MERCEDES RUIZ
STREET ADDRESS	15480 SW 73RD LN #1	1.3 STREET ADDRESS	15824 S.W. 112 TERR.
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	MIAMI, FL. 33196.
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDA, SANTIAGO	2.2 NAME	Pedro Anda
STREET ADDRESS	15824 SW 112 TERR	2.3 STREET ADDRESS	15824 S.W. 112 TERR.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33196.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SANTIAGO ANDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	15824 S.W. 112 TERR.
STREET ADDRESS		3.3 STREET ADDRESS	MIAMI, FL. 33196.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SECRETARY & TREASURER.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	400002202944
STREET ADDRESS		6.3 STREET ADDRESS	-06/05/97--01064--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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: *Santiago Andra* *5-27-97* (300) 380-7769

CR2E034 (9/96)