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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S56231**

1. Corporation Name
EAST COAST INTERLINING, INC.



Principal Place of Business
 849 W 19 STREET
 HIALEAH FL 33013
 US

Mailing Address
 849 W 19 STREET
 HIALEAH FL 33013
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1991

4. FEI Number
65-0268382

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21	1051 E. 32 ST.	2a. Mailing Address	26	1051 E. 32 ST.	
22	Suite, Apt. #, etc. N/A	27	Suite, Apt. #, etc. N/A		
23	City & State Hialeah, Florida	28	City & State Hialeah, Florida		
24	Zip 33013 Country U.S.A.	29	Zip 33013 Country U.S.A.	30	U.S.A.

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VIVANCOS, ARMANDO M. 4160 W 16TH AVE. STE 309 HIALEAH FL 33012		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City

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	1.1 TITLE	<i>Borimonoff Victor</i>
NAME	BORIMONOFF, VICTOR	1.2 NAME	
STREET ADDRESS	1035 E 32ND STREET	1.3 STREET ADDRESS	<i>1051 E. 32 ST.</i>
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	<i>Hialeah FL 33013</i>
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (1/198)