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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H73340 (2)					
	ECH, INC.				
Principal Place of Business Mailing Address C/O MURRY HERSTIK 1351 - 97TH STREET C/O MURRY HERSTIK 1351 - 97TH STREET				EXBOURT DIAG TOORD TITLES THAT BEET) 8871 OSOSI 11011 OSOSS OLDIL DIBIL BIBLI SSOL
BAY HARBOI		BAY HARBOUR FL 3	3154	3. Date Incorporated or Qualified 08/27/1985	3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 59-2586474	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p	Country 25	Z(p	Country 30		□No
	9. Name and Address of	Current Registered Agent		10. Name and Address of New R	egistered Agent
HERSTIK, MURRAY 1351 - 97TH STREET				ress (P.O. Box Number is Not Acceptab	ole)
	RBOR FL 33154		83		85 Zio Code
			84 Orty		FL 85 Zip Code
SIGNATURE _		ERS AND DIRECTORS	KOTE: Registered Agent signature require	d when reinstating: ADDITIONS/CHANGES TO OFF	
TITLE	TD	☐ DELETE	1 1 TITLE		Change Addition
NAME	HERSTIK, MURRAY		1.2 NAME		
STREET ADDRESS	1351 97TH STREET		1.3 STREFT ADDRESS		
C+TY+ST+ZIP	BAY HABOR FL		1.4 CITY - ST - ZIP		Correct D Addition
TITLE	PSD	☐ DEFELE	2 1 TITLE		Change Addition
NAME	ZAGURI, MONA 1351 97TH ST.		2.2 NAME		
STREET ADDRESS	BAY HARBOR ISL FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAT TIANDON ISE TE	DELETE	2 4 C/TY - ST - Z/P 3 1 T/TLF		Change Addition
NAME		<u>_</u>	3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-7IP			3.4 CITY - ST - ZIP		
TiTLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-7IP		DELETE	4.4 CHY-ST-ZIP		Change Addition
THILE		[] ottett	5. 1 TITLE 5.2 NAME		□ ounder □ receitor
NAME STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5 4 CITY-ST-ZIP		
TOLE	 	DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZiP			6 4 CITY - ST - ZIP		
14. I do hereb	by certify that the information :	supplied with this filing is voluntarily fu	irnished and does not qualify	for the exemption stated in Section 119 ate and that my signature shall have the	1.07(3)(k), 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 logal effect as it made under both; 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: MORE TO SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1996 305-865-5980