

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 838848 (0)

1. Corporation Name

ECUADORIAN LINE INC.



Principal Place of Business

Mailing Address

6161 BLUE LAGOON DRIVE  
STE. 250  
MIAMI FL 33126  
US

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STE. 250  
MIAMI FL 33126  
US

3. Date Incorporated or Qualified  
07/28/1977

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

13-2797689

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ADIR, SHILLO  
STREET ADDRESS 900 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 00000

TITLE VD  
NAME AGUIRRE, CARLOS A  
STREET ADDRESS 260 WEST END AVE  
CITY-ST-ZIP NEW YORK, N Y 00000

TITLE TD  
NAME MENENDEZ, CARLOS A.  
STREET ADDRESS 10 WES 66TH ST  
CITY-ST-ZIP NEW YORK NY

TITLE AST  
NAME HICKEY, EDWARD W.  
STREET ADDRESS 90 LAREDO AVENUE  
CITY-ST-ZIP STATEN ISLAND NY

TITLE AST  
NAME BERGEN, MICHAEL  
STREET ADDRESS 905 CHARLOTTE RD  
CITY-ST-ZIP PLAINFIELD NJ

TITLE S  
NAME AHLSTROM, CARLOS A.  
STREET ADDRESS 787 SUMMIT AVE  
CITY-ST-ZIP JERSEY CITY NJ

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7-10-96 (305) 262-5566

CR2E034 (3/96)