

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

APPROVED...
AND
FILED

JUN 19 11:10:17

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F 85394
1. Corporation Name
ECAB Corporation

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/81	3a. Date of Last Report 05/01/94
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2. Principal Place of Business 21 532 20th Avenue North Suite Apt #, etc	2a. Mailing Address 26 P. O. Box 2538 F Suite, Apt #, etc	4. FEI Number 59-2170206	Applied For Not Applicable
22 City & State 23 Lake Worth, FL Zip 24 33460 Country 25 USA	27 City & State 28 Freeport Zip 29 Country 30 Grand Bahama	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> res <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent Andrew Helgesen 11380 Prosperity Farms Road, Suite 201 Palm Beach Gardens, FL 33410	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	P/S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	Ivan Alexander
STREET ADDRESS		13 STREET ADDRESS	P.O. Box 2538 F N/A
CITY, ST, ZIP		14 CITY, ST, ZIP	Freeport, Grand Bahama
TITLE		21 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Mark Vitale
STREET ADDRESS		23 STREET ADDRESS	848 Brickell Avenue, Suite 810
CITY, ST, ZIP		24 CITY, ST, ZIP	Miami, FL 33131
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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REMITTED BY MAY 1
555 7/19/95

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Ivan Alexander Date: 4-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR