4-27.98 8 5581 - NC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 27 1998 8:00am

Secretary of State

Change

Addition

DOCUMENT # F9400002918 (0)

ECOSINTEZ (U.S.A.) CORPORATION

Principal Place of Business Mailing Address 975 ARTHUR GODFREY RD. 975 ARTHUR GODFREY RD. STE. 211 STE. 211 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 06/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 52-1816609 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 DOROFEEN, BORRIS 975 ARTHUR GODFREY RD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 211 83 MIAMI BEACH FL 33140 Zip Code resuant to the provisions of Sections 607.050? 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 Horida. 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, typod or pointed name of registered agent and title if appricable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 4.1 TITLE TITLE DOROFEEV. BORIS 1.2 NAME NAME 975 ARTHUR GODFREY RD., #211 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 21 TITLE NAME PROSVETOVA, ALLA 2.2 NAME 975 ARTHUR GODFREY RD., #211 23 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

14. Thereby 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

DELETE

Dentur 1 04/17/60