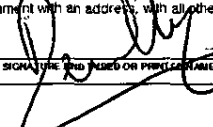


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90120 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90082017

DOCUMENT # F99000002177			
1. Entity Name ECU INTERNATIONAL NV, INC.			
Principal Place of Business SCHONHOEVEWEG 15 ANTWERP 2030 BELGIUM, OC		Mailing Address 7819 N.W. 15 STREET MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address 7875 NW 12 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 102	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip	Country
33126	USA	33126	USA
4. FEI Number 52-2184244		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when certifying) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ACHTEREN, RAYMOND WESTMOER 49, WOMMELGEM BELGIUM, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN LOOVEREN, MARC OLMENLAAN 39, STABROEK BELGIUM, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE WITTE, KRIS 2820 LAKE DRIVE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  KRIS DE WITTE		Date 4/8/03 305 500 5567	
SIGNATURE AND NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)