

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G16531 (7)
1. Corporation Name
E.C.M.C. CORP.



Principal Place of Business Mailing Address
C/O MORRIS CASSORLA C/O MORRIS CASSORLA
9999 COLLINS AVE 9999 COLLINS AVE
BAL HARBOUR FL 33154 BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/15/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2247150	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, ELLEN, ESQ. 1111 LINCOLN ROAD MALL #300 MIAMI BEACH FL 33130		81 Name	ELLEN ROSE, ESQ.	
		82 Street Address (P.O. Box Number is Not Acceptable)	THORREZ BAISDEN, P.A.	
		83	1 S.E. 3RD AVE. #2400	
		84 City	MIAMI	FL 85 Zip Code 33131

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Ellen Rose* May 29, 1998
Signature typed or printed below of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSORLA, EDWARD	1.2 NAME	
STREET ADDRESS	40 BRISTOL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST NEWTON MA 02165	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSORLA, MORRIS	2.2 NAME	
STREET ADDRESS	9999 COLLINS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSORLA, LYDIA	3.2 NAME	
STREET ADDRESS	1801 14TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94122	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

Edward Cassorla

4-22-98

CR2E034 (10/97)