

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

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96 MAY 24 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M15843** (9)

1. Corporation Name

ECONOMIA INGENIERIA Y SISTEMA C.A., INC.

Principal Place of Business

1036 S.W. 1 ST.
MIAMI FL 33130-1009

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130-1009

2. Principal Place of Business

21 **2300 CORAL WAY**

22 Suite, Apt. #, etc.
SUITE # 200

23 City & State
MIAMI FLORIDA

24 Zip
33145

25 Country
US.

2a. Mailing Address

26 **2300 CORAL WAY**

27 Suite, Apt. #, etc.
SUITE # 200

28 City & State
MIAMI FLORIDA

29 Zip
33145

30 Country
US.

3. Date Incorporated or Qualified

05/24/1985

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0140674

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name
FLORIDA ANNUAL REPORT SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200

83

84 City
MIAMI

FL

85 Zip Code
33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 I accept the obligation of, Section 607.0504, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **ECHIVARRIA, OSCAR A**
CITY - ST - ZIP **1410 COUNTRY CLUB PRADO
CORAL GABLES FL 33134**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SALVAT, JUAN MANUEL**
CITY - ST - ZIP **3090 S.W. 8TH STREET
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN MANUEL SALVAT

Sec: **5/6/96**

DATE

CR2E034 (12/95)