

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M15843 (9) 1. Corporation Name ECONOMIA INGENIERIA Y SISTEMA C.A., INC.			
Principal Place of Business		Mailing Address	
2300 CORAL WAY SUITE 200 MIAMI FL 33145		2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511	
2. Principal Place of Business		2a. Mailing Address	
21 2300 CORAL WAY		26 2300 CORAL WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 # 200		27 # 200	
City & State		City & State	
23 MIAMI FLORIDA		28 MIAMI FLORIDA	
Zip Country		Zip Country	
24 33145 US		29 33145 US	
9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145			
			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation is a duly organized corporation under the laws of the State of Florida. Such change was authorized by the corporate officers or directors, and accordingly, I am certifying, and acknowledging the obligations of Section 607.0505, Florida Statutes. SIGNATURE: AMADA CANTERA LOPEZ <small>(NOTE: Registered Agent signature required.)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	PTD ECHEVARRIA, OSCAR A	<input type="checkbox"/> DELETE	13. TITLE
NAME	1410 COUNTRY CLUB PRADO		1.2 NAME
STREET ADDRESS	CORAL GABLES FL 33134		1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE	SD SALVAT, JUAN MANUEL	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	3090 S.W. 8TH STREET		2.2 NAME
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: JUAN MANUEL SALVAT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CP2E034 (9/96)

4/30/97