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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M15843

(9)

ECONOMIA INGENIERIA Y SISTEMA C.A., INC.



97 MAY -1 PM 2: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145		Mailing Address 2300 Coral Way Suite 200 Miami Fl. 33145-3511								
						3. Date Incorporated or Qualified 05/24/1985	3a. Date 05/24	of Last F /1996	Report	
2. Principal P 21 2300 C	lace of Business ORAL WAY	2a, Mailing Address 26 2300 CORAL WAY				4. FEI Number 65-0140674	Applied For Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
City & State	e	City & State				6. Election Campaign Financing		Fee Required \$5.00 May Be		
23 MI AMI		Zip Country				Trust Fund Contribution		Added	to Fees	
Zip 24 33145	Country US	Zip 29 33145	30 U			8. This corporation has liability for in Florida Statutes	ntangible ta] Yes 🏻 🗀		s. 199.032,	
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Ag	ent		
	RIDA ANNUAL REPORT SERVICE	S, INC.		81	Name					
	CORAL WAY	82 Street Ad			Street Add	dress (P.O. Box Number is Not Acceptable)				
	TE 200 MJ FL 33145		•	83				·		
· · · · · · · · · · · · · · · · · · ·			`	84	City			85 Zip	Code	
)	- ['			FL			
11. Parsuant	to the provisions of Sections 607,0502 egistered agent, or both in the State of	and 607.1508. Florida Stat 4 Florida: Such change wa	utes, the s authoria	abovi	e-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of cl of the appoir	nanging i Ngoent as	ts registered registered	
\ \	In technical trial, and accretification blical	tons of Fiection 607,0505,	Fiorida S' AMÁDA	iatute: CA	s. NTERA T	OPEZ.PRES 4/	301	97	1	
SIGNATURE	Signature. Typicaror printed name of registered acres					ired when reinstating)	DATE	/ /	<u></u>	
12.	PTD OFFICERS AND		1;			ADDITIONS/CHANGES TO OFFIC				
TULE	ECHEVARRIA, OSCAR A	DELETE		TITLE			· L] Change	Addition	
NAME STREET ADDRESS	1410 COUNTRY CLUB PRADO			NAME	ADDRESS	6000021 -0\$/06/9	685	36	1	
CITY - ST-ZIP	CORAL GABLES FL 33134		1	CITY - S	1	-05/06/9	37011	37	002	
TITLE	SD	☐ DELETE		TITLE		***169	7 . UU - 1	Change	Addition	
NAME	SALVAT, JUAN MANUEL		2.2	NAME						
STREET ADDRESS	3090 S.W. 8TH STREET		2.3	STREET	ADDRESS					
CHY-ST-ZIP	MIAMI FL	☐ DELETE		CITY-	ST-ZIP			Charac	4.449(6.5	
TITLE NAME		☐ DETEIF		TITLE	1		L,	Change	Addition	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				CITY-	ĺ					
TitiE		DELETE		TITLE				Change	Addition	
NAME		v		2 NAME					,	
STREET ADDRESS		The state of the s			ADDRESS					
CIT - ST- ZIP TH E		☐ DELETE		CITY - S	IT-ZIP			Change	Addition	
HANGE		F-1 00000		NAME			L.	_ orango	L. I ROGRIO	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				CITY-S	- 1	A 1 4				
TITLE		☐ DELETE		TITLE		VIN315		Change	Addition	
NAME				NAME		Missi				
STREET ADDRESS					ADDRESS	ν '				
CITY ST-712			6.4	CITY-S	Y-ZIP					

14. I do 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: *

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