FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
9[illegible] -1 AM 12: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15862 (9)

1. Corporation Name
E. C. MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1400 AGUA AVE. P.O.BOX 43-2720 S.MIAMI FL 33243-9720	1400 AGUA AVE. P.O.BOX 43-2720 S.MIAMI FL 33243-9720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/24/1985	04/08/1994

4. FEI Number: 59-2537352 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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	10. Name and Address of New Registered Agent
CABRERA, EMILIO, JR. 1400 AGUA AVE. CORAL GABLES FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] 5/15/95

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	CABRERA, HILDA
STREET ADDRESS	1400 AGUA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	V
NAME	LOZANO, CARMEN
STREET ADDRESS	900 SW 84 ST., #403
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	CABRERA, JR., EMILIO
STREET ADDRESS	1400 AGUA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO (blank; each entry: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, ☐ Change ☐ Addition)

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(1)(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: [signature] EMILIO CABRERA 5/15/95 305 352 6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431400 FP