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FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M41285 (1)

1. Corporation Name  
ECUAFLOTRADING CORP.

Principal Place of Business

6400 NW 82ND AVE.  
MIAMI FL 33166

Mailing Address

6400 NW 82ND AVE.  
MIAMI FL 33166-2734



3. Date Incorporated or Qualified

11/07/1986

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0197260

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTILLA, ABIGAIL  
6400 NW 82ND AVE.  
MIAMI FL 33166

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

NAME PORTILLA, ABIGAIL  
STREET ADDRESS 6061 COLLINS AVE.  
CITY- ST- ZIP MIAMI BEACH FL

1.1 TITLE Change Addition

TITLE V DELETE

NAME BACA, MARCO  
STREET ADDRESS 6061 COLLINS AVE.  
CITY- ST- ZIP MIAMI BEACH FL

2.1 TITLE Change Addition

TITLE V DELETE

NAME BACA, JOSE  
STREET ADDRESS 8730 SHERMAN CIR, N.#101  
CITY- ST- ZIP MIAMI BEACH FL

3.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE Change Addition

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:

SIGNATURE REQUIRED

04-15-97

(305) 497-5447

Date

Daytime Phone

CR2E034 (9/96)