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

PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUI | MENT # M62336 | 6 (6) | | | | |
|---|---|--|--|---|---|---|
| ECHEV | ERRY & COLLAZOS, INC. | | | | | |
| Principal Place of Business Mailing Address | | | | | | 8441 01011 01011 01041 01011 01841 0184 1001 |
| 206 EAST WATERS AVE. | | 206 EAST WATERS AVENUE TAMPA FL 33604 US | | | | |
| U\$ | | 03 | | | 3. Date incorporated or Qualified 11/12/1987 | 3a. Date of Last Report 04/24/1995 |
| 2. Principa! Pl. 21 | ace of Business | 2a. Mailing Address 26 | . Ma⊎ing Address | | 4. FEI Number 59-2817769 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | 25 29 30 | | Country 30 | | 8. This corporation has liability for in Florida Statutes Yes | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Ro | egistered Agent |
| ECHEVERRY, FERNANDO 206 EAST WATERS AVE. TAMPA FL 33604 | | | 82 | | | le) |
| | | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| 11 Purs cant t | to the provisions of Sections 607.0602 s | and 607 1500 Florida Ctat. | too the above | | ation submits this statement for the purp | FL |
| or register familiar wit | ed agent, or both, in the State of Florida th, and accept the obligations of Section | i Such change was authori n 607.0505, Piorida Statute | tes, the above rized by the corp is | oration's boa | ration scientis this statement for the purp rd of directors. Thereby accept the appo | pose of changing its registered office pintment as registered agent. Lam |
| CONTATUDE | Separation typed or sected nurse of regelered agent as | | | | | |
| 12. | OFFICERS AND | | OTE. Riogestered Agent | I signafore require | ADDITIONS/CHANGES TO OFFIC | DATE CERS AND DIRECTORS IN 12 |
| TITLE | PD DELETE | | 1 1 TI'LE | T | | Change Addition |
| NAME | ECHEVERRY, FERNANDO | | 1.2 NAME | | | |
| STREET ADDRESS 13824 CHERRY CREEK DR | | | 13 STREET ADDRESS | | | ļ |
| CITY - ST - Z# ¹ | TAMPA FL | | 14 CiTY - ST - ZiP | | | |
| TITLE | VD DELETE | | 2 1 TITLE | | | Change Addition |
| NAME | ECHEVERRY, ARMANDO | | 2.2 NAME | | | |
| STREET ADDRESS | 8014 CAPWOOD AVE. | | 2 3 STREET | ADDRESS | | |
| CITY-ST-ZIP TITLE | SD TEMPLE TERRACE FL | | · | OTY-ST-ZIP | | |
| NAME | SO DELETE ECHEVERRY, GERMANIA | | 3 1 TITLE | | Change Addition | |
| STREET ADDRESS | 13824 CHERRY CREEK DR | | 3.2 NAME | +2000000 | | |
| CITY-ST-7P | TAMPA FL | | 3.3 STREET 3.4 City - S | | | |
| TITLE | | DELETE | 4 1 TITLE | 1 - 2111 | | Change Addition |
| NAME | | | 4.2 NAME | | | CriangeAddition |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | |
| CITY - ST - ZIF | | | 4.4.C.TY - S | | | |
| TITLE | D 00.535 | | 5 1 TiTLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | _ , _ |
| STREET ADDRESS | | | 5 3 STHEET | ADDRESS | | |
| CITY - ST - ZIF | | | 5.4 CITY - S | F ZIF | | |
| TITLE | ☐ DELETE | | 6 1 TIFLE | | Change Addition | |
| NAME | | | 62 NAME | | | |
| STREET ADDRESS | | | 6.3 STPEET | ADDRESS | | |
| City St-ZiP | condity that the inference or collect up | | 64 CITY S | [- ZIP | | |

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:

ER-do Ella (FELLOWED Fehreny)

5/13/96 (813) 931-5955