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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M89579 (0)
 1. Corporation Name
ECHION U.S.A., INC.



Principal Place of Business: **8890 W OAKLAND PARK BLVD STE 201 SUNRISE FL 33351 US**

Mailing Address: **8890 W OAKLAND PARK BLVD STE 201 SUNRISE FL 33351 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1988

4. FEI Number
65-0104925

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. Zip 25. Country

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. Zip 30. Country

9. Name and Address of Current Registered Agent

FRAZIER, ROBERT W.,JR.
2455 EAST SUNRISE BOULEVARD
SUITE 600
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
2400 E. Commercial Boulevard

83. Suite 826

84. City **Fort Lauderdale** FL 85. Zip Code **33308**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTTE, DANIEL	1.2 NAME	
STREET ADDRESS	8890 W. OAKLAND PK BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOTTE, J. RENE	2.2 NAME	
STREET ADDRESS	8890 W. OAKLAND PK BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, ROBERT W	3.2 NAME	
STREET ADDRESS	2455 E SUNRISE BLVD	3.3 STREET ADDRESS	2400 E Commercial Blvd., Suite 826
CITY - ST - ZIP	SUNRISE FL	3.4 CITY - ST - ZIP	Fort Lauderdale, FL 33308
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: _____ DATE: **1-14-98** (954) 749-8990

CP2E034 (10/97)