


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> P Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N94000004355 (3)</b> 1. Corporation Name <b>ECUADORIAN FOUNDATION OF ART AND CULTURE, INC.</b>	



Principal Place of Business <b>6915 RED ROAD 209 CORAL GABLES FL 33143 US</b>		Mailing Address <b>P O BOX 141717 CORAL GABLES FL 33114 US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	
3. Date Incorporated or Qualified <b>09/07/1994</b>		4. FEI Number <b>65-0314158</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GABRIELA CESARINI 1251 NW 108TH COURT MIAMI FL 33175</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>JAUREGUI COLOMBO</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>6120 S.W. 63th. COURT</b> <b>83</b> <b>84</b> City <b>MIAMI</b> <b>FL</b> <b>85</b> Zip Code <b>33143</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **COLOMBO JAUREGUI** DATE **4-27-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GADE, JORGE</b>	1.2 NAME	<b>COLOMBO JAUREGUI</b>
STREET ADDRESS	<b>520 BRICKELL KEY DR., #815</b>	1.3 STREET ADDRESS	<b>6120 S.W. 63th. COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL. 33143</b>
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAUREGUI, COLOMBO</b>	2.2 NAME	<b>PATRICIO ORDONEZ</b>
STREET ADDRESS	<b>6120 S.W. 63RD COURT</b>	2.3 STREET ADDRESS	<b>10550 SW 7 TERR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL. 33174</b>
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICOLA, LENY</b>	3.2 NAME	<b>GUSTAVO LEMOS</b>
STREET ADDRESS	<b>1411 S.W. 124TH COURT</b>	3.3 STREET ADDRESS	<b>9258 S.W. 146 PL.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>Miami, Fl. 33186</b>
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VELEZ, HOMERO</b>	4.2 NAME	<b>EDDIE ALVAREZ</b>
STREET ADDRESS	<b>4261 W 10TH AVE</b>	4.3 STREET ADDRESS	<b>8137 SW 24 STREET</b>
CITY-ST-ZIP	<b>HALEAH FL 33012</b>	4.4 CITY-ST-ZIP	<b>DAVIE, FL 33324</b>
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	PR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOZANO, ELBA</b>	5.2 NAME	<b>BOZANO ELBA</b>
STREET ADDRESS	<b>3669 14TH STREET</b>	5.3 STREET ADDRESS	<b>5412 S.W. 8 St. Apt. 1 (El Rado)</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>Coral Gables Fl. 33134</b>
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **COLOMBO JAUREGUI** DATE **5-29-98** DAYTIME PHONE **305-665-1342**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR