2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 06, 2002 8:00 am DOCUMENT # P01000103606 Secretary of State 1. Entity Name 02-06-2002 90016 047 ***155.00 E & C TEC. CORP. Principal Place of Business Mailing Address 701 TREE ISLAND BLVD. APT. 103 701 TREE ISLAND BLVD. APT. 103 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-1148551 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VEGA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2 AVE. #410 **MIAMI FL: 33131** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing equirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01) Delete TITLE TITLE NAME NAME DIAZ GUTIERREZ, JORGE ENRIQUE STREET ADDRESS STREET ADDRESS 701 TREE ISLAND BLVD., APT. 103 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete TITLE TITLE DIAZ GIRALDO, DIANAF. 701 TREE ISLAND BLUDAPT.103 NAME NAME STREET ADDRESS STREET ADDRESS HALLANDALE, FL. 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE DIAZ, OMARD. 701 TREE ISLAND BLUD. Apt. 103 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address. With fill other like empowered.

ORGE E. D. GUTIERREZ