FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:00

DOCUMENT # **P92000012954 (3)**

1. Corporation Name

ECO EXPEDITIONS, INC.

Principal Place of Business	Mailing Address
% FEDERICO PEREZ 10629 N. KENDALL DRIVE B-C MIAMI FL 33176	% FEDERICO PEREZ 10629 N. KENDALL DRIVE B-C MIAMI FL 33176

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1992	3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0380053	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EGUREN, FEDERICO E
10629 N. KENDALL DRIVE
SUITE 8-C
MIAMI FL 33176

10. Name and Address of New Registered Agent

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 _____ 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	DC	1.1 TITLE	C	☐ Change ☐ Addition
NAME	BISHOP, LAWRENCE A	1.2 NAME	BISHOP, LAWRENCE A	
STREET ADDRESS	430 WAIA KALUA ST.	1.3 STREET ADDRESS	430 WAIA KALVA ST.	
CITY-ST-ZIP	KILAUEA HI	1.4 CITY-ST-ZIP	KILAVEA HI	
TITLE	DP	2.1 TITLE	P-S	☒ Change ☐ Addition
NAME	PEREZ, EGUREN F	2.2 NAME	FEDERICO PEREZ EGUREN	
STREET ADDRESS	11377 SW 84TH LANE	2.3 STREET ADDRESS	12800 S.W 104 TERR	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI - FL	
TITLE	DC	3.1 TITLE		☒ Change ☐ Addition
NAME	BISHOP, LAWRENCE A	3.2 NAME	N/A	
STREET ADDRESS	4330 WAIKALUA ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	KILAUEA HI 96754	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	GONZALEZ, JOSE	4.2 NAME	NOT ANY LONGER	
STREET ADDRESS	2000 BRICKELL AVE. SUITE 1220	4.3 STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. 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)(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 above, or on an attachment with an address.

SIGNATURE: FEDERICO PEREZ-EGUREN (305) 279-8494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103600 CP