

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000012954 (3)

1. Corporation Name

ECO EXPEDITIONS, INC.



Principal Place of Business

Mailing Address

% FEDERICO PEREZ
10629 N. KENDALL DRIVE 8-C
MIAMI FL 33176

% FEDERICO PEREZ
10629 N. KENDALL DRIVE 8-C
MIAMI FL 33176

3. Date Incorporated or Qualified

12/16/1992

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 26 13031 SW 112 ST

4. FEI Number

65-0380053

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 28 MIAMI - FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 25 29 30 33186

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and the principal officer

(If the Registered Agent Signature is required, it must be accompanied by the signature of the principal officer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME BISHOP, LAWRENCE A
STREET ADDRESS 430 WAIA KALUA ST.
CITY- ST- ZIP KILAUEA HI

☒ DELETE

1.1 TITLE DIRECTOR
1.2 NAME FERREYROS, ALFREDO
1.3 STREET ADDRESS 12800 SW 104 TERR.
1.4 CITY- ST- ZIP MIAMI, FL 33186

☐ Change ☒ Addition

TITLE DP
NAME PEREZ, EGUREN F
STREET ADDRESS 11377 SW 84TH LANE
CITY- ST- ZIP MIAMI FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(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: FEDERICO PEREZ EGUREN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

(305)279-8494

Daytime Phone #

CR2E034 (12/95)