FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	(seal)	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

0219183

DOCUMENT # P92000012954

1. Corporation Name

ECO EXPEDITIONS, INC.

Principal Place of Business	Mailing Address
% FEDERICO PEREZ 10629 N. KENDALL DRIVE 8-C MIAMI FL 33176	13031 SW 112 STREET MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/16/1992

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 *12237 SW 132 ct.*	26 *1172 S. Pixie Hwy*	**65-0380053**	Not Applicable
Suite, Apt. #, etc. 22 *# 10-B*	Suite, Apt. #, etc. 27 *#487*	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 *Miami FL.*	City & State 28 *Miami FL*	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24 *33186* Country 25	Zip 29 *33142* Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☒Yes ☐No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
BISHOP, LAWRENCE 1172 S DIXIE HWY, #487 STE 8-C MIAMI FL 33142	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 title if applicable.　(NOTE: Registered Agent signature required when reinstating)　DATE

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐Change	☐Addition
NAME	BISHOP, LAWRENCE		1.2 NAME			
STREET ADDRESS	1172 S DIXIE HWY #487		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE	*DV*	☐Change	☒Addition
NAME			2.2 NAME	*LILLIAN CROSS*		
STREET ADDRESS			2.3 STREET ADDRESS	*13514 SW 111 TERR*		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	*MIAMI FL 33186*		
TITLE		☐ DELETE	3.1 TITLE		☐Change	☐Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐Change	☐Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐Change	☐Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	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 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, with all other like empowered.

SIGNATURE: _____ *Lawrence Bishop* 1/26/99 (305) 774-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #