FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90014 024 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000033473

ECO SE	CURITY AGENCY, INC.							
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Principal Plac	e of Rusiness	Mailing Addre	nss			─	DIO IDIOL DIRI OBDI BODI OBDI 10	100 11360 11111 OLDIN 10600 1131 1001
10857 NW 7 ST		10857 NW 7 S						
#12		#12	''					
MIAMI FL 33172	?	-MIAMI-FL-3317.	72		~ ~		DO NOT WRITE IN TI	HIS SPACE
US						3. Date Incorpo	orated or Qualified	
						05/06/199	3	
2. Principal P	Place of Business /	2a. Mailing Ad	ddress			4. FEI Number		Applied For
21/187	05W 3Rd 5T	26				65-041597	78	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt	t. #, etc.			5. Certificate of	f Status Desired	\$8.75 Additional
22		27			-	J. Oejungaje of		- Fee Required
City & Stat	te Marks T	City & Sta	ate		-		npaign Financing	- \$5.00 May Be -
23	MIAMI FL	28				Trust Fund C	Contribution L	Added to Fees
Zip	Country	Zip	L	Country			tion owes the current year	
24 33	184 25 DADE	29	30	0			ersonal Property.	Yes No
	9. Name and Address of Current	Registered Age	<u>nt</u>	-	* 1	10. Name and A	Address of New Register	ed Agent
CAC	TELLON MOTOR M			81	Name \	VICTOR	MI. CASTE	FLLON
	TELLON, VICTOR M			82	Street Add	ress (P.O. Box Numl	ber is Not Acceptable)	•
	7 NW 7 ST				1187	10 SW	370 S/	
SUIT				83		Hinai	エリ	331874
MIAN	AI FL 33172			84	City	11 4-101		85 Zin Code
						Ani	F	ヒー 133ノXソー
					// /			
17. Pursuant	t to the provisions of sections 607.0502	and 607.1508, Fig	orida Statutes, t	the above-r	named corpo	oration submits this s	tatement for the purpose o	f changing its registered
1°i. Pursuant office or agent, I	t to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Flo of Florida. Such ch tions of, section 6	orida Statutes, t hange was auth 07.0505/ Florid	the above-r horized by to da Statutes.	named corpo the corporati	pration submits this stillion's board of director	tatement for the purpose or ors. I hereby accept the ap	f changing its registered pointment as registered
	to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the control	and 607.1508, Flo of Florida. Such ch tions of, section 6		the above-r horized by t da Statutes	named corporati	pration submits this stion's board of director	tatement for the purpose or ors. I hereby accept the ap	f changing its registered pointment as registered
17. Pursuant office or agent. I:	Signature, typed or printed name/of registered agent	and title if applicable.	luit:	:: Registered Ag	named corporati	cration submits this stion's board of director Cartellar Quired when reinstating)	0 ×/10	/ 9 7
ŞIGNATURE	Skinature, typed or printed name of registered agent OFFICERS AND	and title if applicable.	luit:	Registered Ag	named corporati	cration submits this stion's board of director Cartellar Quired when reinstating)	tatement for the purpose of ors. I hereby accept the ap	AND DIRECTORS IN 12
SIGNATURE	Skineture, typed or printed name of registered agent OFFICERS AND	and title if applicable.	luit:	:: Registered Ag	named corporati	cration submits this stion's board of director Cartellar Quired when reinstating)	0 ×/10	/ 9 7
ŞIGNATURE	Signature, typed or printed name/of registered agent OFFICERS AND P CASTELLON, VICTOR M.	and title if applicable.	Cout:	Registered Ag	named corporati	cration submits this stion's board of director Cartellar Quired when reinstating)	0 ×/10	AND DIRECTORS IN 12
\$IGNATURE 12. TITLE	Skineture, typed or printed name of registered agent OFFICERS AND	and title if applicable.	Cout:	Registered Ag 13. 1.1 TITLE	named corporation	cration submits this stion's board of director Cartellar Quired when reinstating)	0 ×/10	AND DIRECTORS IN 12
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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.

SIGNATURE:

18 Stor Castellowing EL

9/10/99 (305)228-0068

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