

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000051283 (8)**

1. Corporation Name

MPORTECCA DEL ECUADOR, INC.

Principal Place of Business

**4722 S.W. 67TH AVENUE
SUITE A-4
MIAMI FL 33155**

Mailing Address

**4722 S.W. 67TH AVENUE
SUITE A-4
MIAMI FL 33155**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 PM 9:37

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 08/18/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0424624	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CALDERON, ADRIANA E
9995-3 NW 9TH ST CIR
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81	Name CALDERON, ADRIANA E.
82	Street Address (P.O. Box Number is Not Acceptable) 4722 SW 67th Avenue
83	Suite A4
84	City MIAMI
85	Zip Code FL 33155

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☒ Addition
NAME	CALDERON, ADRIANA E	1.2 NAME	
STREET ADDRESS	4722 S.W. 67TH AVENUE	1.3 STREET ADDRESS	4722 S.W. 67th Avenue, Suite A4
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☒ Change ☐ Addition
NAME	NARVAEZ, NELSON	2.2 NAME	
STREET ADDRESS	4722 S.E. 67TH AVENUE	2.3 STREET ADDRESS	4722 S.W. 67th Avenue, Suite A4
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 8)

May 24, 1995 (305) 668-0718