**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000038426

Country

1. Corporation Name

ECUEXPORT, INC.

Prin	cipal	Pt	ace	of Bus	sines
7041	SW	11	STE	REET	
DI AN	TAT	ΛN	EI	22217	

2. Principal Place of Business

PLANTATION FL 33317

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

7041 SW 11 STREET PLANTATION FL 33317

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90030 020 \*\*\*150.00

	- DO NOT WRIT	E IN TH	IS SPACE	
3.	Date Incorporated or Qualifed			
	05/05/1995			
4.	FEI Number		Applied For	
	65-0583287		Not Applicable	
5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
6	Election Campaign Financing		\$5.00 May Be	

Added to Fees

30 Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STEINBERG, HERBERT B 7041 SW 11 STREET

84	City	FL	85	Zip Code	
83					
82	Street Address (P.O. Box Number is Not Acceptable)	• •			
۱.		-			

This corporation owes the current year Intangible

Trust Fund Contribution

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.

Country

SIGNATURE  Storature typed or printed pame of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE					
Signature, typed or printed name or registered agent and title if applicable. (NOTE Registered right agreement agree					
12.	D DELETE	1.1 TITLE	Change ☐ Addition		
TITLE	·		RAMIERES RICARDO		
NAME .	, RAMIEREZ, RICARDO	1.2 NAME	RAMIEREZ RICARDO P.O. BOX 01010375		
STREET ADDRESS	153 VAQUERO DR	1.3 STREET ADDRESS			
CITY-ST-ZIP	BOULDER CO 80303	1.4 CITY-ST-ZIP	CUENCA, EC		
TITLE	VP □ DELETE	2.1 TITLE	Change ☐ Addition		
NAME	RAMIEREZ, JAVIER	2.2 NAME	RAMIEREZ, JAVIER		
STREET ADDRESS	P.O BOX 01010375 N/A	2.3 STREET ADDRESS	RAMIEREZ, JAVIER 153 VAQUERO DRIVE		
CITY-ST-ZIP	CUENCA EC	2.4 CITY-ST-ZIP	BOULDER CO 80303		
TITLE	ST DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	STEINBERG, HERBERT	3.2 NAME			
STREET ADDRESS	7041 SW 11 STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317	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	t ☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADORESS			
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	·		
OUTS OF THE		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.