2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P95000038426 ECUEXPORT, INC. 01-26-2000 90033 023 ***150.00 Principal Place of Business Mailing Address 7041 SW 11 STREET 7041 SW 11 STREET PLANTATION FL 33317-4113 PLANTATION FL 33317 8297000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0583287 Not -:--Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINBERG, HERBERT B Street Address (P.O. Box Number is Not Acceptable) 7041 SW 11 STREET PLANTATION FL 33317 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. A addition ☐ Delete TITLE TITLE RAMIEREZ, RICARDO NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 01010375 CITY-ST-ZIP CITY-ST-ZIP CUENCA EC 80303 ☐ Change ☐ Addition ☐ Delete TITLE TITLE RAMIEREZ, JAVIER NAME NAME STREET ADDRESS STREET ADDRESS 153 VAQUERO DR. CITY-ST-ZIP CITY-ST-ZIP **BOULDER CO 80303** ☐ Delete ☐ Change ☐ Addition TITLE TITLE STEINBERG, HERBERT NAME STREET ADDRESS 7041 SW 11 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IF

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.