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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500040503 (1)

ECOTERRA CORP. Principal Place of Business Mailing Address 1501 N.W.163 STREET 1501 N.W.163 STREET MIAMI FL 33169 MIAMI FL 33169 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1995 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0592175 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Ant. # leto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Country r intergible tax under s. 199.032, 8. This corporation has liability Yes No 30 Florida Statutes 25 29 24 10. Name and Address of Ne 9. Name and Address of Current Registered Agent Registered Agent FERNANDEZ, GERARDO B 1501 N.W.163 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 83 City 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: typical or printed traine of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. MGR DELETE 1.1 TITLE Change Addition 101.6 FERNANDEZ, GERARDO B 1.2 NAME NAME 1501 N.W.163 STREET 1.3 STREET ADDRESS STREET ADORESS. MIAMI FL 33169 1.4 CITY - ST - ZIP DITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY - ST - ZIF DELETE Change Addition 31 TITLE DILLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIF 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP C(1) - ST- 7(P) Change Addition DELETE TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME KAM:

SIGNATURE:

I do hereby certify that the information indicated on

appears in Block 12 o

STREET ADDRESS

City-St-78

SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I forther certify that the

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 or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stalutes; and that my name

4/1/97

FILED

Apr 14 1997 8:00am

Secretary of State

(305) 621-0056

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