FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000059881 (9)**

1. Corporate Name

AZA DE ECUADOR, INC.

Principal Place of Business

8290 N.W. SOUTH RIVER DRIVE
MIAMI FL 33166

Mailing Address

8290 N.W. SOUTH RIVER DRIVE
MIAMI FL 33166

3. Date Incorporated or Qualified: **08/03/1995**

3a. Date of Last Report

4. FEI Number: [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. The corporation is a qualified, or intending to be qualified under s. 193.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

RAWLS, PAUL M
8290 N.W. SOUTH RIVER DRIVE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is currently qualified to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Address	City, State, Zip
D	RAWLS, PAUL M	8290 N.W. SOUTH RIVER DRIVE	MIAMI FL 33166

[ ] Delete

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this report, including any changes or additions, complies with the requirements of Section 607.0505(4), Florida Statutes. Further certify that I am duly authorized to execute this report on behalf of the corporation and that the signature affixed to this document is that of an officer or director of the corporation. I understand that the filing of this report with false or inaccurate information or the failure to file a report when required may result in the administrative dissolution of the corporation by the Department of State, Division of Corporations, Florida Statutes, and that my name appears in Block 12 above as an officer or director of the corporation.

SIGNATURE: 4/10/96 (305) 887-6669

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)