SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067215 (0)

ECQUAL SYSTEMS INTERNATIONAL, INC.

Principal Place of Rusiness Mailing Address



97 SEP 11 PH 2:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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1837 SOUTH FEDERAL HGWY., STE. 393			1837 SOUTH FEDERAL HGWY STE. 393 STUART FL 34994							
STUART FL 34994							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifi		te of Last	Report
							, , , , , , , , , , , , , , , , , , ,			· 1
2. Principal Place of Business 2a. Mailing Address							08/30/1995 4. FEI Number	UD/	20/1996	Loplied For
	ace of pushless	ı	₁							
21	W - 1	26					65-0607154			lot Applicable
Suite, Apt. 4	#, ΘIC.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	City 8	City & State				6. Election Campaign Financin	g	\$5.00	May Be	
23		28	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Zip Coun				8. This corporation owes or ha	s paid the cur	rent year li	nlangible
24	25 29 30			30	Personal Property Tax due June 30. Yes No					
	9. Name and Address of Currer		Agent	- 1-2-1			10. Name and Address of Nev	Registered	Agent	
DED	DV CTEVENI DA			8	1	Name				
PERRY, STEVEN L. P.A. 1 SW OSCEOLA ST., STE. 2				8	82 Street Address (P.O. Box Number is Not Acceptable			ptable)		
STU						<u> </u>	·			
				8						
				8	4	City		F1	85 Zir	Code
					\perp			<u>FL</u>		
11. Pursuant t	o the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607 150 Lof Florida, Sur	8, Florida Statu sh chango was	ites, the abo	VO-	named corp	poration submits this statement for t tion's board of directors. I bereby a	he purpose of	changing ointment a	its registered
agent. I ar	n familiar with, and accept the oblig	ations of, Sucti	on 607.0505, F	londa Statut	es.	ino corpora	tion a pour der directore. I moreogra	soopt the app	on a morn o	.o rogioteroa
SIGNATURE										
SIGNATURE ,	Signature, typed or printed name of registered ag	ent and title if applica	IAe. (NO	TE: Registered A	gen	t signature requi	ired when reinslating)	DATE		
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	RS IN 12
TITLE	PSTD		DELETE	1.1701.6					Change	Addition
NAME	ORIHUELA, MIGUEL			1.2 NAM	E					
STREET ADDRESS	1837 SOUTH FEDERAL HGW	Y STE 303		13518	£1.4	ADDRESS				
	\$TUART FL 34994	1., 012. 000		1.4 CITY						
CITY-ST-ZIP TITLE	010A11 1 L 04884		DELETE	2.1 TITLE		· ZIF			Change	Addition
			C) been							
NAME				2.2 NAM						
STREET ADDRESS				2.3 STRE						
CITY-ST-ZIP	<u></u>			2. 4 Cilly		- ZIP			T ái	1 1 1 1 1 1 1 1
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NAME				4. 2 NAN	1 E		900002 -09/1	2294	<u>67</u> 9	9
STREET ADDRESS				4.3 STRE	E1 A	ADDRESS	-09/1	.6/970	1071-	-009
QTY-ST-ZIP				4.4 CITY			非米米利	550.00	***	550.00
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MAME				5.2 NAM		1			•	
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NAME				6.2 NAM	E		α_{j}	11.12		
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CITY-ST-ZIP				6.4 CITY	- \$ T	- ZIP		1.4 (/		

I do 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 truster ompowered 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 of the nearly of the corporation of the corporation of the receiver or truster of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of truster of the corporation of the