

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90054 041 ***150.00

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DOCUMENT # P95000067215

1. Corporation Name

ECQUAL SYSTEMS INTERNATIONAL, INC.



Principal Place of Business

1837 SOUTH FEDERAL HWY., STE. 393
STUART FL 34994

Mailing Address

1837 SOUTH FEDERAL HWY., STE. 393
STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 745 N. FED. HWY.

Suite, Apt. #, etc.

22 STUART, FL

City & State

23 34994

US

Zip

Country

24

25

2a. Mailing Address

26 745 N. FED. HWY.

Suite, Apt. #, etc.

27

City & State

28 STUART, FL

Zip

Country

29

34994

30

US

3. Date Incorporated or Qualified

08/30/1995

4. FEI Number

65-0607154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PERRY, STEVEN L P.A.
1 SW OSCEOLA ST., STE. 2
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name M. ORIHUELA, JR.

82 Street Address (P.O. Box Number is Not Acceptable)
745 N. FED. HWY.

83

84 City STUART

FL

85 Zip Code 34994

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

M.O. [Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME ORIHUELA, MIGUEL

STREET ADDRESS 1837 SOUTH FEDERAL HWY., STE. 393

CITY-ST-ZIP STUART FL 34994

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

M.O. [Signature] M. ORIHUELA, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99

Date

561-692-9990

Daytime Phone #

CR2E034 (11/98)