## 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 # P95000072039 (7)

E. C. BUILDERS, INC.

## FILED Sep 12 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address  |  |                     |   |  | LI MBILL INNER SINIF BUKAN TILID (811 IND) |
|--|--|---------------------|---|--|--|
|  |  | · ·                 |   |  |  |
| 19121 NW 57 COURT 19121 NW 57 COU<br>MIAMI FL 33015 MIAMI FL 33015   |  | MIAMI FL 33015      |   |  |  |
|  | •  |                     |   | DO NOT WRITE   | IN THIS SPACE                              |
|  |  |                     |   | 3. Date Incorporated or Qualified                      | 3a. Date of Last Report                    |
|  |  |                     | -, <u>-</u>   | 09/18/1995   | 08/19/1996                                 |
|  | lace of Business   | 2a, Mailing Address | -M 1 1  | 4. FEI Number 65-06                                    |  |
|  | MW 167 H Street  | 26 6187 NW H        | Street  | APPLIED FOR  | Not Applicable                             |
| Suite, Apt.  |  | Suite, Apt. #, etc. | .27   | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required             |
| City & State   |  | 27 Suite#H-         | · = 6   | 9 Floring Co. 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12    | <del></del>                                |
| 23 1000  |  | 28 Miami haker      | FL.   | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees                |
| Zip  | Country  | Zip                 | Country   | 8. This corporation owes or has pai                    |  |
| 24 330   |  | 29 33015 30         | - ``\ ~` <b>(</b> \                                   | Personal Property Tax due June                         |  |
| <del></del>  | 9. Name and Address of Current   |                     | 1 1   | 10. Name and Address of New Reg                        |  |
| SCHMIDT, CRISTIAN 81 Name  |  |                     |   |  |  |
| 19121 NW 57 COURT  |  |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |
| MIAMI FL 33015   |  |                     | OF Street Add   | ress (1.0. box Number is Not Acceptable                | le,  |
| 8  |  |                     |   |  |  |
|  |  |                     | 84 City   |  | 85 Zip Code                                |
|  |  |                     | City  |  | FL 85 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 approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with approaccept the appointment as registered agent. I am familiar with a proaccept the approach accept the accep |  |                     |   |  |  |
| SIGNATURE  |  | - Cristian S        | Schmidt   | President Ser  | tember 1, 1997                             |
| Signature, typed or privised name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |                     |   |  |  |
| 12.  | OFFICERS AND   |                     | 13.   | ADDITIONS/CHANGES TO OFFIC                             |  |
| TITLE  | PD COUNTY CONTIAN  | ☐ DELETE            | 1.1 TITLE   |  | ☐ Change ☐ Addition                        |
| NAME   | SCHMIDT, CRISTIAN  |                     | 1.2 NAME  |  | 70   |
| STREET ADDRESS   | 19121 NW 57 COURT  |                     | 1.3 STREET ADDRESS                                    |  | lù   |
| CITY-ST-ZIP  | MIAMI FL 33015<br>SD   | DELETE              | 1.4 CITY-ST-ZIP                                       |  | Change Addition                            |
| TITLE  | SCHMIDT, EZEQUIEL  |                     | 21 TITLE  |  | Change Addition                            |
| NAME   | 19121 NW 57 COURT  |                     | 22 NAME   |  |  |
| STREET ADDRESS   | MIAMI FL 33015   |                     | 2.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP  | TD   | DELETE              | 2. 4 City-St-ZiP                                      |  | Change Acidition                           |
| TITLE  | SCHMIDT, GEROMINO  | C otte              | 3.1 TITLE   |  | Change C Acquiron                          |
| NAME   | 19121 NW 57 COURT  |                     | 3.2 NAME  | •  |  |
| STREET ADDRESS   | MIAMI FL 33015   |                     | 3.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP<br>TITLE   | V  | DELETE              | 3.4. CITY-ST-ZIP<br>4.1 TITLE                         |  | Change Addition                            |
| NAME   | SCHMIDT, ARIEL ALBERTO   | C) NECELE           | 4.1 IIICE<br>4.2 NAME                                 |  | CT Overside CT vagation                    |
| STREET ADDRESS   | 19121 NW 57 COURT  |                     | 4.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP  | MIAMI FL 33015   |                     | 4.4 CITY-ST-ZIP                                       |  |  |
| TITLE  | CONTRACTOR OF THE CONTRACTOR O | ☐ DELETE            | 5.1 TITLE   |  | Change Addition                            |
| NAME   |  | Deceme              | 5.2 NAME  |  | m change m involton                        |
| STREET ADDRESS   |  |                     | 5.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP  |  |                     | 5.4 CITY-ST-ZIP                                       |  |  |
| TITLE  |  | DELETE              | 6.1 T/TLE   |  | ☐ Change ☐ Addition                        |
| NAME   |  |                     | 6.2 NAME  |  |  |
| STREET ADDRESS   |  | •                   | 6.3 STREET ADDRESS                                    |  |  |
| CITY-ST-ZIP  |  |                     | 64 CITY-ST-ZIP  |  |  |
|  | <del></del>  |                     |   |  |  |

14. 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 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 charged, or on an attachment and directors.