

**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.)**

APPROVED
AND
FILED

PS/972

1997 JUL 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT. CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004493 (8)

1. Corporation Name
ECUA GROUP CORP.



Principal Place of Business 13010 SW 20 STREET MIRAMAR FL 33027	Mailing Address 13010 SW 20 STREET MIRAMAR FL 33027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	11117 W. OKEECHOBEE RD	26	11117 W. OKEECHOBEE RD	01/16/1996			
22 SUITE 128		27 SUITE 128		4. FEI Number		Applied For	
City & State		City & State		65-0642647		Not Applicable	
23 HIALEAH GARDENS, FL		28 HIALEAH GARDENS, FL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24 33016	25 USA	29 33016	30 USA	Trust Fund Contribution		<input type="checkbox"/>	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**DIAZ, RUBEN P
13010 SW 20 STREET
MIRAMAR FL 33027**

10. Name and Address of New Registered Agent

81 Name	DELGADO, MARIA E.		
82 Street Address (P.O. Box Number is Not Acceptable)	11117 W. OKEECHOBEE RD		
83	SUITE 128		
84 City	HIALEAH GARDENS	85 Zip Code	FL 33016

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: *Ruben P Diaz* (NOTE: Registered Agent signature required when reinstating) DATE: **7/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, RUBEN P	1.2 NAME	DELGADO, MARIA E.
STREET ADDRESS	13010 SW 20 STREET	1.3 STREET ADDRESS	11117 W. OKEECHOBEE RD, STE 128
CITY-ST-ZIP	MIRAMAR FL 33027	1.4 CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Ruben P Diaz* (NOTE: Registered Agent signature required) 07-15-97 (305)823-8100

2E034 (497)

600002241296-1296
-07/18/97-01067-019
****330.00 ****165.00

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-07/18/97-01067-019
****330.00 ****165.00

600002241296-1296
-07/18/97-01067-019
****165.00 ****165.00

*165
7/17/97*

20/2

Miami, July 15, 1997

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILING

REF: ECUA GROUP CORP
65-0642647

TO WHOM IT MAY CONCERN:

My name is Maria E. Delgado, the new director of Ecu Group Corp., whose Annual Report was not filed on time. I am sending the proper changes on the Form and the payment for year 1996.

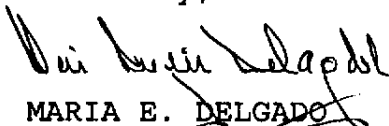
Mr. Ruben P. Diaz, the former director of this company did not send the payment because, for some reason, he did not receive the first Form, and I think that it happens because the company moves to another location.

In addition, he was sick and he was not working the company. Due to this reason, he has decided not to continue with this company, and I have agreed to continue with this corporation.

The amount of money that I am sending to you do not correspond to the amount of money that you ask for. For this reason, I ask you to consider my situation, and I beg you for a chance in order to continue with this business.

I thank you and I appreciate the attention to this letter.

Sincerely,


MARIA E. DELGADO