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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P96000011125 (7)**

1. Corporation Name
ECONSISCA CORP.

Principal Place of Business	Mailing Address
10661 SW 88TH STREET #216 MIAMI FL 33176	10661 SW 88TH STREET #216 MIAMI FL 33176-1550

3. Date Incorporated or Qualified: 02/05/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1800 W. 49th STREET
Suite, Apt. #, etc.
22 SUITE 215
City & State
23 HIALEAH
Zip 24 33012 Country 25

2a. Mailing Address
26 SAME AS #2.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0642801 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ORTEGA, ARMANDO
1440 NW 110TH AVENUE #396
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name: ORTEGA, ARMANDO
82 Street Address (P.O. Box Number is Not Acceptable): 1800 W. 49 TH STREET SUITE 215
83
84 City: HIALEAH FL 85 Zip Code: 33012

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: [signature] ARMANDO ORTEGA 04/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORTEGA, ARMANDO		1.2 NAME		
STREET ADDRESS	1440 NW 110TH AVENUE #396		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARULANDA, CARMEN		2.2 NAME		
STREET ADDRESS	1440 NW 110TH AVENUE #396		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, RUSLAN		3.2 NAME		
STREET ADDRESS	15072 SW 104TH ST., #1309		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VALLEJO, JULIA C		4.2 NAME		
STREET ADDRESS	15072 SW 104TH ST., #1309		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 04/29/97 (954)761-4620