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

PROFIT CORPORATION ANNUAL REPORT .

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000043221 (5) DOCUMENT

Principal Place of Business Mailing Address 3400 NW 67TH ST 3400 NW 67TH ST MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 2a. Mailing Address

FILED Apr 03 1998 8:00am Secretary of State

ECHEMENDIA & SONS, CORP. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1997 Applied For 4. FEI Number 21 26 Not Applicable 65-0760437 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 **XX** Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ECHEMENDIA, ALBERICO 3400 NW 67TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** 83 84 City Zip Code 85 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, typed or printed name of registered agent and lefe if applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ___ Addition ECHEMENDIA, ALBERICO NAME 1.2 NAME 3400 NW 67TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP 1.4 CITY-ST-ZIP XX Change DELETE 2.1 TITLE Addition TITLE ECJE, EMDOA, , AROSE; NAME 2.2 NAME ECHEMENDIA, MARISEL 3400 NW 67TH ST STREET ADDRESS 2.3 STREET ADDRESS 3400 N.W. 67th. STREET **MIAMI FL 33147** CITY-ST-ZIP 2. 4 CITY-ST-ZIP MIAMI, FL. 33147 DELETE 3.1 TITLE ___ Change Addition TITLE ECHEMENDIA, MARIO NAME 32 NAME 3400 NW 67TH ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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. If on an attachment with an address.

SIGNATURE:

03-16-98 305-836-6001

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03-16-98 305-836-6001