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

DOCUMENT

Corporation Name

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90051 047 ***150.00

ECUSTS	CHEMICALS CORPORAT	ION			
Principal Place	e of Business	Mailing Address			
9911 S.W 1547H AVE. P. O. BOX 960383 MIAMI FL 33196 MIAMI FL 33296-0383			DO NOT WRITE IN THE	S SDACE	
U\$				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				08/21/1997	Applied For
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0777792	Not Applicable	
¬, · , · · · · · · · · · · · · ·		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State City & State		⊢		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	0-1-	28	Country	Trust Fund Contribution	
Zip	Country	Zip	¬ ´	 This corporation owes the current year in Personal Property Tax. 	Yes Mo
24	25	29 36	<u> </u>	10. Name and Address of New Registered	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Hame and Address of New Hogertains	
i OPI	E7 DENISE		1 le	ely Lopez	
LOPEZ, DENISE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
9911 SW 154TH AVE MIAMI FL 33196			79/	1 SW 154 AVE	
MIAI	WII PL 33196		83		
	•		84 City		85 Zip Code
				AW/ F	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of	of changing its registered
office or r	registered agent, or both, in the Sta um familiar with, and occept the obli	igations of, Section 607.0505, Florid	a Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the company of the purpose of the pur	/ - a
	Tilled	TXV		2/18	199.
SIGNATURE	Signature, typed or panted name of registered		egistered Agent signature require	d when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE VICE \$	FesideN4 / Treasurer W	TO-enange Addition
NAME	LOPEZ, DENISE		1.2 NAME	Felix LODEZ,	49%
STREET ADDRESS	9911 SW 154TH AVE		1.3 STREET ADDRESS	9911 SW 154 AND	1110,
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP	MANU F/ 33/96	owned.
TITLE		☐ DELETE	2.1 TITLE	President / Secretar enise Lopez 1911 su 154 Aul	☐ CKange ☐ Addition
NAME			2.2 NAME	enise Lopez	(Pis) - 0/
STREET ADDRESS			2.3 STREET ADDRESS	2911 SW 154 AUL	5/10
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	MIAMI FI 33196	owned
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
			4. 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS				•	
C(TY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE	Ì	- Detere	5.2 NAME		
NAME					
STREET ADDRESS	 		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	1	□ pereze	61 TITLE		Change Maddition
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE	6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE			☐ Change ☐ Addition

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;