

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0043128

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED

98 JUL 27 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091986 (4)

1. Corporation Name

E C P ASSOCIATES, INC.

Principal Place of Business

7785 SOUTHWEST 86 STREET
SUITE E-322
MIAMI FL 33143-7239

Mailing Address

7785 SOUTHWEST 86 STREET
SUITE E-322
MIAMI FL 33143-7239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0791442

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 owes or has paid the current year intangible
Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

200002601732--5

-07/29/98--01064--010

****150.00 ***2150.00

FL

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 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
NAME ARREDONDO, CLEMENCIA
STREET ADDRESS 7785 SW 86 ST, STE E-322
CITY-ST-ZIP MIAMI FL 33143-7239

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME ARREDONDO, MARIA PATRICIA
STREET ADDRESS 7785 SW 86 ST, STE E-322
CITY-ST-ZIP MIAMI FL 33143-7239

2.1 TITLE SD
2.2 NAME CHIRINO, MARIA PATRICIA
2.3 STREET ADDRESS 7785 SW 86 ST, STE E-322
2.4 CITY-ST-ZIP MIAMI FL 33143-7239

TITLE TD
NAME ARREDONDO, ELKIN
STREET ADDRESS 7785 SW 86 ST, STE E-322
CITY-ST-ZIP MIAMI FL 33143-7239

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

[Signature]

04/09/98 1305Voldo 4824

CR2E034 (5/98)

**E C P ASSOCIATES, INC.
7785 S.W. 86 Street, Suite E322
Miami, Florida 33143**

PS 2

Miami, July 9, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32341

SUBJECT: E C P Associates, Inc.
Document P97000091986

Regarding the above corporation this is to advise you that on January 28, 1998 we sent you our check No. 0087 for US\$150 for this year's renewal.

We were very surprised when about a week ago we received a second notice and were advised that there would be a penalty and would have to send a check for US\$550.

We called your office and spoke to several of your officers and we talked to someone at 850 4876056 Extension #2 who advised us to write you a letter explaining what had happened and send back a check in the amount of \$150. She also checked your records that verified that you had received the original check we sent you in January but had returned same because the form we filled out was incomplete. However, according to our records we never received the check back.

We hope you will take this into consideration and waive the penalty fee.

Thanking you for your kind attention, we remain,


Maria Patricia Chirino
Secretary Director