

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90014 038 ***150.00

DOCUMENT # P97000091986

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 7785 SW 86th ST

2a. Mailing Address

26 7785 SW 86th ST

Suite, Apt. #, etc.

22 SUITE E322

Suite, Apt. #, etc.

27 SUITE E322

City & State

23 MIAMI FL

City & State

28 MIAMI, FL

Zip

24 33143

Country

25 DADE

Zip

29 33143

Country

30 DADE

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 ARREDONDO CLEMENCIA MRS

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

7785 SW 86th ST

83 Suite E-322

84 City MIAMI

FL

85 Zip Code

33143-7239

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Hector Patricia Chirino

3/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE TD ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Hector Patricia Chirino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99
Date

Daytime Phone #

CR2E034 (11/98)

0213754