

ent By: ;

3054619498;

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FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90001 003 ***550.00

FILE NOW: FILING FEE

CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 98000029122

1. Corporation Name
EZT, Inc.

617519-90001-3

Principal Place of Business
9117 S.W. 147 Court
Miami, FL 33196

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/27/98 2a. Date of Last Report

2. Principal Place of Business
9117 S.W. 147 Court

2a. Mailing Address

4. FEI Number 65-0833468

Applied For
New Applicable

21 Subc. Apt. #, etc.

2a Subc. Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State
Miami, FL

27 City & State

6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip 33196 Miami Dade

28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Arnaldo Velez
255 University Drive
Coral Gables, FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 field for current agent

Signature field for new agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D	Francisco J. Echave
NAME	9117 S.W. 147 Court
STREET ADDRESS	Miami, FL 33196
CITY-ST-ZIP	
TITLE SD	Ernesto Arriaga
NAME	9117 S.W. 147 Court
STREET ADDRESS	Miami, FL 33196
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	FRANCISCO J. ECHAVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	14668 SW 112 ST
13 STREET ADDRESS	MIAMI FL 33186
14 CITY-ST-ZIP	
21 TITLE	ERNESTO ARRIAGA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	14668 SW 112 ST
23 STREET ADDRESS	MIAMI FL 33186
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), 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 any attachments with an address.

9/14/99 (305)461-9499

SIGNATURE: X Francisco J. Echave

Date

Change Report #