

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90261 018 \*\*\*150.00

DOCUMENT # P98000042025. ✓

1. Corporation Name

Executive E.T.C.A. Corp.  
2165 West Bay Dr. Suite #22  
Miami, Beach, FL 33141.

Principal Place of Business

Mailing Address

2165 West Bay Dr. Suite N°22  
Miami Beach, FL 33141

2. Principal Place of Business

21 Same

2a. Mailing Address

26 3309 NW 75T

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

28 Miami, FL

23 Zip Country

29 33125 30 Dade

24 25

29 33125 30 Dade

9. Name and Address of Current Registered Agent

Felix Adams.  
2165 West Bay Dr. Suite #22  
MIAMI FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-8-98

4. FEI Number

65-0841453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax

☐

Yes

☒ No

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

President, Treas.  
Felix Adams.  
2165 W. Bay Dr. Suite 22  
Miami Beach FL 33141

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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, on an attachment with an address, with all other like empowered.

SIGNATURE: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

DATE

Daytime Phone #