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 # P98000061752

1. Corporation Name

ECUACAR RENT, CORP.

Principal	Place	of	Business

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90080 049 ***150.00



	•										 	
Principal Place of Business Mailing Address												
2542 NW 38 COURT				2542 NW 38 COURT							•	
MIAMI FL 33142 MIAMI FL 33142				AI FL 33142				DO NOT WRITE IN THIS SPACE				
	•							3. Date Incorporated or Qualifed				
								07/13/1998			ł	
2. Principal P	lace of Busin	ness	2a.	Mailing Address				4 EEI Number		Appl	ed For	
21	•	and the second	26	3	≃		TE	65-0849909		.Not /	Applicable .	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			ditional	
22	-	•	27					3. Certificate of Status Desired	Fee	e Requ	rired	
City & Stat	e	, · · · · · · · · · · · · · · · · · · ·		City & State	_			6. Election Campaign Financing		00 м		
23			28					Trust Fund Contribution	Add	led to	Fees	
Zip		Country		Zip	Cou	ntry		8. This corporation owes the current year Ir		_	J.,	
24		25	29		30			Personal Property Tax.	X Yes		No	
*	9. Name	and Address of Cu	rrent Registe	ered Agent	_	24		10. Name and Address of New Registered	Agent			
1/A1 I	ENCIA, JEN	IMV C				81	Name					
	2 NW 38 C					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	MI FL 3314											
MIAI	WI_FL 3314	2				83					ĺ	
						84	City		85	Zip Co	de	
						<u> </u>		FI	_			
office or r	egistered ag	ent, or both, in the S	tate of Florida	7.1508, Florida Statut I. Such change was a Section 607.0505, Flo	uthorized	l by :	the corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment a	s regis	stered	
SIGNATURE	Sinnature type	or printed name of registere	t agent and title if	applicable (NOTE	Registered	Apen	t signature required	when reinstating) DATE				
12,	alginatore, types		S AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12	
TITLE	PD .			☐ DELETE	1.1 🏋	ΠLE			☐ Char	nge	☐ Addition	
NAME		A, JENNY C			1.2 N/	ME						
STREET ADDRESS		/ 38 COURT			1.3 S1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL				1.4 CI	TY-S1	r-ZIP					
TITLE				☐ DELETE	2.1 TI				☐ Chai	nge	Addition	
NAME					22 N	ME						
STREET ADDRESS	· -				2.3 \$1	REET	ADDRESS: -	المسامل الماسيات المنطارة الراجسية				
CITY-ST-ZIP					2.40	TY-S	T-ZIP					
TITLE				☐ DELETE	3.1 TI	ΓLE			☐ Chai	nge	☐ Addition	
NAME					3.2 N	ME						
STREET ADDRESS	\ ·				3.3 \$	REET	ADDRESS				Ì	
CITY-ST-ZIP					3.4. C	ITY-S	T-ZIP					
TITLE				☐ DELETE	4.1 TI	TLE		•	☐ Cha	nge	☐ Addition	
NAME		•			4. 2 N	AME					ļ	
STREET ADDRESS					4.3 ST	REET	ADDRESS				1	
CITY-ST-ZIP		•			4.4 CI	TY-S1	r-zip					
TITLE				☐ DELETE	5.1 Ti				☐ Cha	nge	Addition	
NAME					5.2 N	WE			•			
STREET ADDRESS					5.3 S	REET	TADDRESS]	
CITY-ST-ZiP					5.4 CI	TY-S1	T-ZIP				1	
TITLE	_	 		☐ DELETE	6.1 TI	TLE.			☐ Cha	nge	☐ Addition	
NAME					6.2 N/	ME						
STREET ADDRESS	·				6.3 S	REET	ADDRESS				1	

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.

6.4 CITY-ST-ZIP

SIGNATURE: -

CITY-ST-ZIP