PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000071236

E.C. INVESTMENT GROUP, INC.

FILED May 17, 2000 8:00 am Secretary of State

05-17-2000 90956 033 ***150.00



Principal Place of Business		Mailing Address						
18250 N.W. 2ND AVENUE MIAMI FL 33169		18250 N.W. 2ND AVENUE						
		MIAMI FL 33169				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		····
						08/14/1998		
2 Principal DI	loop of Business	2a. Mailing Add				4. FEI Number	Apr	lied For
			1633			592432243	<u> </u>	Applicable
Suita Ant	# etc	26 Suite Ant #	Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt. #, etc.		<u> </u>				5. Certifcate of Status Desired	Fee Rec	
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 N	
٦ '		28	¬ ˙			Trust Fund Contribution	Added to	
Zip Country			Zip Country			This corporation owes the current year.		
-! 25		29	¬ - '			Personal Property Tax. Yes No		
-:	9. Name and Address of Curren		[30]			10. Name and Address of New Registe		
	J. Haine and Address of Control	it itogistorou rigoiit		81	Name	•		
CHR	RISTIAN, EARL							
	50 N.W. 2ND AVENUE		82 Street Ad			dress (P.O. Box Number is Not Acceptable)		
	MI FL 33169			83				
MICSI	W. 1 E 33 130			00				
	•			84	City		85 Zip C	ode
	•						FL S Z S	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Flor	ida Statutes, t	he above	e-named co	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its r	egisterea istered
agent. I as	m familiar with, and accept the obliga	itions of, Section 607.	.0505, Florida	Statutes		months board of allestore. I storesty accept are t	ppomimon do 10g	
SIGNATURE	•						_	
	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Regi	 .	t signature requ	ired when reinstating) DA	<u> </u>	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER		
rmue j	Р		ELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	CHRISTIAN, ERIS		ļ	1.2 NAME				
TREET ADDRESS	18250 N.W. 2ND AVENUE		l l	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169		l	1.4 CITY-S	T-ZIP			
TITLE	SD		DELETE	2.1 TITLE			☐ Change	Addition Addition
VAME	CHRISTIAN, EARL			2.2 NAME			÷	
STREET ADDRESS	18250 N.W. 2ND AVENUE			2.3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169			2. 4 CfTY-S	IT-ZIP			
תתב	V			3.1 TITLE			☐ Change	Addition
NAME .	CHRISTIAN, EGBERT		-	3.2 NAME				
STREET ADDRESS	18250 N.W. 2ND AVENUE			3.3 STREE	ADDRESS			
	MIAMI FL 33169			3.4. CITY-S				
City-St-Zip Title	1111 111 1 E 00 100		ELETE	4.1 TITLE			☐ Change	☐ Addition
VAME				4. 2 NAME			-	
					ADDRESS			
STREET ADDRESS						•		
CITY-ST-ZIP		<u> </u>		4.4 CITY-S 5.1 TITLE	(-ZIF		Change	Addition
TITLE		L. 1		5.2 NAME				
NAME				5.3 STREET	r ADDDECC			
STREET ADDRESS								
CITY-ST-ZIP			C) ETE	5.4 CITY-S' 6.1 TITLE	1-21	<u> </u>	Change	Addition
TITLE		t	DELETE				□ cualige	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET				
CITY-ST-ZIP				6.4 CITY-S	T-ZIP			

14. I hereby certify that the information supplied with this filing these 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 attraction of the corporation of the corporation of the corporation of 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 attraction of the corporation of the corpo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phot

CR2E034 (11/98)