1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000071571

ECO MIAMI COMMUNICATION, INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90076 027 ***150.00



14373 S.W. 97TH LANE Miami Fl 33186		14373 S.W. 97TH LANE MIAMI FL 33186		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 08/17/1998	_	
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For		
71		26			65-0859437 Not Applicable	e	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
23	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
24	Zip Country	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax.		
	g. Name and Address of	Current Registered Agent		10. Name and Address of New Registered Agent			
	CORONADO, EDELBERTO J		81	Name			
14373 S.W. 97TH LANE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	MIAMI FL 33186		83				
			84	City	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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ DELETE 11 TITLE TITLE CORONADO, EDILBERTO J 1.2 NAME NAME 14373 S.W. 97TH LANE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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.

E REQUIREN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)