

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sherida B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25290** (0)

1. Corporation Name

ECOSCAN CORP.



Principal Place of Business

**13800 S.W. 68TH STREET
MIAMI FL 33183**

Mailing Address

**13800 S.W. 68TH STREET
MIAMI FL 33183**

2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 05/01/1995
4. FLE Number 65-0324992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARROYO, GLORIA A.
13800 S.W. 68TH STREET
MIAMI FL 33183**

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

11. Pursuant to the provisions of Sections 607.0901 and 607.1304, Florida Statutes, the above named corporation, in its true and correct name, hereby certifies for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change with authority by the corporation's board of directors. The entity is not the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0904, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARROYO, GLORIA A.	
STREET ADDRESS	13800 SW 68TH STREET	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is true and correct and does not qualify for an exemption stated in Section 119.073(3)(k), Florida Statutes. I further certify that the information included 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; that the corporation is a corporation organized under the provisions of the laws of the State of Florida; and that my name appears in Block 12 or Block 13 of this report or on a certificate filed with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLORIA ARROYO - PRESIDENT

4-15-96 (305) 3877737

CR2E034 (12/95)