

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25624** (0)

1. Corporation Name
E.C.O.A.T. CONSTRUCTION COMPANY OF FLORIDA, INC.

Principal Place of Business Mailing Address
290 SAN LORENZO SUITE 201 CORAL GABLES FL 33146 US **290 SAN LORENZO SUITE (0) CORAL GABLES FL 33146 US**

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0328856** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199 USCF, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **290 SAN LORENZO** 26 **290 SAN LORENZO**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **suite 201** 27 **suite 201**
City & State City & State
23 **CORAL GABLES FLA** 28 **CORAL GABLES FLA**
Zip Country Zip Country
24 **33146** 25 **DADE** 29 **33146** 30 **DADE**

9. Name and Address of Current Registered Agent
RODRIGUEZ, EDUARDO
187 N.W. 51 AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, EDUARDO	12 NAME	
STREET ADDRESS	187 NW 51 AVE	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CATHY	22 NAME	
STREET ADDRESS	187 NW 51 AVE	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(9)(b), 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.

SIGNATURE: *Eduardo Rodriguez* **Eduardo Rodriguez** **2-23-95** **447-9862**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date (Signature) (Typed Name)