## 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 # **V33826**

1. Corporation Name

ECUAMERICA TRAVEL & ORDONEZ EXPRESS INT'L. COURI

| Principal Plac   | ce of Business  | Mailing Address   |  |   |  | ( <b>† 9 8</b> () <b>\$</b> )[ <b>98 8</b> ()[ <b>9</b>  |                           |                        | ************************************** | 81) BIBIL #1\$() ( <b>\$</b> @)             |
|--|---|---|--|---|--|--|---------------------------|------------------------|--|---|
| 7210 NW 56TH STREET  |   | 7210 NW 56TH STREET   |  |   |  |  |                           |                        |  |   |
| MIAMI FL 33166   |   | MIAMI FL 33166  |  |   |  | DO NOT WRITE IN THIS SPACE   |                           |                        |  |   |
| US   | •   | US ·  |  |   | - <u>-</u> -   |  |                           | E IN THIS              | SPACE                                  |   |
|  |   |   |  |   | 3.   | . Date Incorporated of 05/04/1992  | or Qualifed               |                        |  |   |
| 2. Principal f   | Place of Business   | 2a. Mailing Address   |  |   | 4.   | . FEI Number   |                           |                        |  | Applied For                                 |
| 21   | •   | 26  |  |   |  | 65-0328105   |                           |                        | •                                      | Not Applicable                              |
| Suite, Apt   | : #, etc.   | Suite, Apt. #, etc.   |  |   | 5.   | Certifcate of Status   | Desired                   | <b>≥</b> 2             |  | Additional<br>Required                      |
| City & Sta   | ite   | City & State  |  |   | 6.   | Election Campaign  | Financing                 |                        | \$5.0                                  | 0 May Be                                    |
| 23   | -   | 28  |  |   |  | Trust Fund Contribu  | ution                     |                        |  | d to Fees                                   |
| Zip  | Country Zip   |   |  | у   | 8.   | This corporation ow  | es the currer             | nt year In             |  |   |
| 24   | 25  | 29  | 30   |   |  | Personal Property 1  |                           |                        | Yes                                    | □No   |
|  | 9. Name and Address of Current  | Registered Agent  |  |   |  | . Name and Addres  | s of New Re               | gistered               | Agent                                  |   |
| OR!  | DONEZ, KEVIN  |   | 8.   | 1 Nam   | e  |  |                           |                        |  |   |
| EC.721   | O NW 56TH STREET  | FARES AND OF  | 8:   | 2 Stree   | et Address (F  | ress (P.O. Box Number is Not Acceptable)   |                           |                        |  |   |
| SA MA  | MI FL 33166   | * 15 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6  |  |   | A set a state of the set of the s |  |                           |                        |  | e f f inne kriper en me                     |
| ······································   | WI FL 33100   | • . •   | 8:   | 3   |  |  |                           |                        | \$78   2124 &<br>1.4   5124 &          |   |
|  |   |   | . 84   | 4 City  |  | 131 - 141 3 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                           | 2 11/1 21 W            | 85 Zi                                  | p Code                                      |
| there the gree   | **, -:  | are state to the  |  | ,   |  |  |                           | FL                     | <b>.</b>     `                         | ,   |
| 11. Pursuant<br>office or<br>agent. I  | t to the provisions of Sections 607.0502<br>registered agent, or both, in the State of<br>am familiar with, and accept the obligation | and 607.1508, Florida Statut<br>f Florida. Such change was a<br>ons of, Section 607.0505, Flo | tes, the above<br>authorized by<br>orida Statute   | /e-name<br>y the cor<br>s.  | d corporation<br>poration's be   | n submits this statem<br>oard of directors. I he   | ent for the purely accept | urpose of<br>the appoi | changing intment as                    | its registered<br>registered                |
| SIGNATURE  |   | •   |  |   |  |  |                           |                        |  |   |
|  | ·   |   |  |   |  |  |                           |                        |  |   |
|  | Signature, typed or printed name of registered agent a  | and title if applicable. (NOTE  | :: Registered Ago  | ent signatur  | e required when r  | reinstating)   |                           | DATE                   |  |   |
| 12.  | OFFICERS AND  | DIRECTORS   | E: Registered Age<br>13.   | ent signatur  |  | reinstating)<br>ADDITIONS/CHANG  | ES TO OFFI                |                        | ND DIRECT                              | TORS IN 12                                  |
| 12.  | OFFICERS AND  |   |  |   |  |  | ES TO OFFI                |                        | ND DIRECT                              |   |
|  | OFFICERS AND DP ORDONEZ, BETTY MARJORYE   | DIRECTORS   | 13.  |   |  | ADDITIONS/CHANG  | ES TO OFFI                |                        |  |   |
| TITLE  | OFFICERS AND DP ORDONEZ, BETTY MARJORYE   | DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME   |   |  | ADDITIONS/CHANG  | ES TO OFFI                |                        |  |   |
| TITLE<br>NAME  | OFFICERS AND DP ORDONEZ, BETTY MARJORYE   | DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME   | ET ADDRES   |  | ADDITIONS/CHANG  | ES TO OFFI                |                        |  |   |
| NAME<br>STREET ADDRESS   | OFFICERS AND DP ORDONEZ, BETTY MARJORYE 5 7210 NW 56TH STREET   | DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE  | ET ADORES   |  | ADDITIONS/CHANG  | ES TO OFFI                |                        |  | e   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DP ORDONEZ, BETTY MARJORYE 7210 NW 56TH STREET MIAMI FL 33166 T ORDONEZ, KEVIN   | DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-   | ET ADORES   |  | ADDITIONS/CHANG  | ES TO OFFI                |                        | ☐ Chang                                | e   |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE  | OFFICERS AND DP ORDONEZ, BETTY MARJORYE 7210 NW 56TH STREET MIAMI FL 33166 T ORDONEZ, KEVIN   | DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-1<br>2.1 TITLE<br>2.2 NAME   | ET ADORES   | s  | ADDITIONS/CHANG  | ES TO OFFI                |                        | ☐ Chang                                | e   |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | OFFICERS AND DP ORDONEZ, BETTY MARJORYE 7210 NW 56TH STREET MIAMI FL 33166 T ORDONEZ, KEVIN   | DIRECTORS   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-1<br>2.1 TITLE<br>2.2 NAME   | ET ADDRES<br>ST-ZIP<br>ET ADDRES                                    | s  | ADDITIONS/CHANG  | ES TO OFFI                |                        | ☐ Chang                                | e   |
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(305)884-1012

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90014 019 \*\*\*158.75