FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50784

(0)

| ECUAC | OSTA TRAVEL & INT'L CO | OURIER, INC. | • | | | | <u> </u> | |
|---|--|---|-------------------------------|------------------------------|--|---|------------------------------------|----------------------------|
| Principal Place of Business 801 WEST 49TH STREET #1068 HIALEAH FL 33012 | | Mailing Address 520 BILTMORE WAY #106B CORAL GABLES FL 33134-5720 | | | | | 0/3 6 4/4 3 4 | 41 81844 818811 (BB) |
| | | U\$ | | | | 3. Date Incorporated or Qualified 07/13/1992 | 3a. Date of Last Report 01/31/1996 | |
| | lace of Business | 2a, Mailing Address | | | | 4. FEI Number | | Applied For |
| 21 Suite, Apt. | # ptc | 26 | Suite, Apt. #, etc. | | | 65-0338961 | | Not Applicable |
| 22 | | <u> </u> | 27 | | | 5. Certificate of Status Desired | | .75 Additional ee Required |
| City & Stat | е | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country 7ip | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 29 30 30 9, Name and Address of Current Registered Agent | | 30 | | Florida Statutes Yes No | | | |
| ANIT | PRADE, GVILLERMO | ant vedistelen Adel | <u>nı</u> | 81 | Name | 10. Name and Address of New Re | gistered Agent | |
| 520 BILTMORE WAY | | | | | | | | |
| #106B | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| CORAL GABLES FL 33134 | | | | 83 | | | | |
| | | | | 84 | City | | 85 | Zip Code |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida, Such change was authorized. | | | | | a-named cor | rooration submits this statement for the n | FL B | oine its registered |
| office or r agent. I a | egistered agent, or both, in the Sta m familiar with, and accept the obli | te of Florida. Such cl igations of, Section 6 | nange was at 07.0505, Flor | ithorized by ida Statutes | the corpora s. | ation's board of directors. I hereby accep | of the appointment | ant as registered |
| SIGNATURE | | | | | | | | |
| 12. | Signature, typed or printed name of registered a OFFICERS A | ND DIRECTORS | (NOTE | Hegistered Age | ol signature requ | ired when reinstaling) ADDITIONS/CHANGES TO OFFIC | DATE | 07000 #140 |
| TITLE | PD | | DELFTE | 1.1 TOLE | | ADDITIONS/CHANGES TO OFFIC | ENS AIND DIKE | |
| NAME | ACOSTA, MARIO | | | 1.2 NAMÉ | | | | |
| STREET ADDRESS 801 WEST 49TH ST. #106B | | | 1.3 | | ADDRESS | | | |
| CITY-ST-ZIP HIALEAH FL | | | | | T- 21P | | | |
| TITLE | | | 2.1 TITLE | | | Ch | nange | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 801 WEST 49TH ST. #106B | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH FL | | DELETE | 2.4 CITY - S | 31- ZIP | | 1 1 | |
| TITLE NAME | | | DELETE | 3.1 TITLE | | | L_J Ch | nange L Addition |
| STREET ADDRESS | | | | 3.2 NAME | ADGRESS | | | |
| CITY-ST-ZIP | | | | 3.3 STREET | - 1 | | | |
| TITLE | | | DELETE | 34. CITY-S | 0 - 411: | | ☐ Ch | nange Addition |
| NAME | | | | 4 2 NAME | Ì | | | ango nontron |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 C(TY-S) | T- 7 IP | | | |
| TITLE | | | DELETE | 51 TITLE | | | Ch | ange Addition |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY - ST | r - ZiP | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | Ch | ange |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADORESS | | | |

14. I do 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.



Ecuacosta Travel

International Courier Inc. 5705 N.W. 84 Ave Miami, Florida 33166

Tlf. (305) 418-4848

Fax. (305) 418-4846

Feb.3.97

FLORIDA DEPT. STATE

Dear Sirs:

1.- OUR NEW ADDRESS IS 5705NW 84 Ave. Miami FL. 33166

and...

2.~ THE VICE_PRESIDENT the name is:

ELSA ACOSTA 5705NW 84 AVE. Miami Fl. 33166

Please we appreciate that you take note for this matter,

Sincerely,

ELSA ACOSTA

Vice-Presidente