Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90109 042 ***150.00

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 # V50784

1. Corporation Name

ECUACOSTA TRAVEL & INT'L COURIER, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be
STOS NW 84 AVE MIAMI FL 33168 Principal Place of Business 2a. Mailing Address
DO NOT WRITE IN THIS SPACE US CORAL GABLES FL 33134 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified 0.7/13/1992 2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified 0.7/13/1992 3. Date Incorporated or Qualified 0.7/13/1992 4. FEI Number
US US 3. Date Incorporated or Qualified 07/13/1992 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0338961 Not Applied For 65-0338961 Not Applied For 65-0338961 Suite, Apt. #, etc. 5. Certificate of Status Desired 65-0338961 Suite, Apt. #, etc. 65-0338961 Suite, Apt. #, etc. 77 City & State 77 City & State 77 City & State 78 City & State 79 Country 70 Added to Fees 75 And Address of Current Registered Agent 75 ANDRADE, GVILLERMO 79 Suite, Apt. #, etc. 70 Suite, Apt. #, etc. 71 Country 72 ANDRADE, GVILLERMO 79 Suite, Apt. #, etc. 70 Suite, Apt. #, etc. 71 Suite, Apt. #, etc. 72 Country 74 ANDRADE, GVILLERMO 79 Suite, Apt. #, etc. 71 ANDRADE, GVILLERMO 70 Suite, Apt. #, etc. 72 Suite, Apt. #, etc. 73 Suite, Apt. #, etc. 74 Suite, Apt. #, etc. 75 Suite, Apt. #, etc. 85 Suite, Apt. #, etc. 85 Suite, Apt. #, etc. 85 Suite, A
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0338961 Not Applicable 65-03
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City & State Country Country Zip Country Zip Country East of Fice of Country Personal Property Tax. Yes No
Zip Country Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No.
Zip Country Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Zives No
24 25 29 30 Personal Property Tax. Pres No 9. Name and Address of Current Registered Agent ANDRADE, GVILLERMO 520 BILTMORE WAY #106B CORAL GABLES FL 33134 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ACOSTA, MARIO 1.2 NAME ACOSTA, MARIO 1.3 STREET ADDRESS 5705 NW 84 AVE
9. Name and Address of Current Registered Agent ANDRADE, GVILLERMO 520 BILTMORE WAY #1068 CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME ACOSTA, MARIO 11. Name and Address of New Registered Agent 12. NAME 13. Name Outlet MO Street Address (P. D. Namber i Not Accept all e) 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ITITLE PD ACOSTA, MARIO STREET ADDRESS 13. STREET ADDRESS
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ANDRADE, GVILLERMU 520 BILTMORE WAY #106B CORAL GABLES FL 33134 82 Street Address (P.A. Brix Number in Not Acceptable) CORAL GABLES FL 33134 83 Suite 720 84 City or a Cabbles FL 85 33 Sode A 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE NAME ACOSTA, MARIO 1.2 NAME STREET ADDRESS STREET ADDRESS 1.3 STREET ADDRESS
#106B CORAL GABLES FL 33134 #106B CORAL GABLES FL 33134 #10 COBSTANTIAL CORPORATION OF Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #10 CORAL GABLES FL 33134 #10 CORAL GABLES FL 33134 #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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #10 CORAL GABLES FL 33134 #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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #10 CORAL GABLES FL 33134 #12 CORAL GABLES FL 33134 #13 CORAL GABLES FL 33134 #14 City or all Coadles FL 35 Zip Code Accepts Accepts for a comparison of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #15 CORAL GABLES FL 33134 #15 CORAL GABLES FL 33134 #16 City or all Coadles FL 35 Zip Code Accepts for a comparison of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent and title if applicable. #16 City or all Coadles FL 35 Zip Code Accepts for a condition of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. #16 Coadles FL 36 Zip Code Accepts for a condition of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept for a
#1068 CORAL GABLES FL 33134 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 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ACOSTA, MARIO 5705 NW 84 AVE 1.3 STREET ADDRESS 1.3 STREET ADDRESS
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TITLE DELETE 6.1 TITLE Change Addition
TITLE

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 12 or Block 13 if changed, or on an attagment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR