

1-23-97 B-0613-C

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 817423 (7)

1. Corporation Name
ESSO INTER-AMERICA, INC.



Principal Place of Business
396 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Mailing Address
396 ALHAMBRA CIRCLE
CORAL GABLES FL 33134-5007

3. Date Incorporated or Qualified 10/17/1963	3a. Date of Last Report 02/02/1996
4. FEI Number 13-6044290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
DIAZ, ALINA M.
396 ALHAMBRA CIR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name LILIANA L. MIRANDA
82 Street Address (P.O. Box Number is Not Acceptable)
396 ALHAMBRA CIRCLE
83
84 City CORAL GABLES FL 85 Zip Code 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 *Liliana Miranda* LILIANA L. MIRANDA 1/13/97
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HENNESSY, JP	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	VAN ROOST, J.M.	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GIDDINGS, J.R.	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHALEY, T.E.	
STREET ADDRESS	396 ALHAMBRA CIR	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ, A.M.	
STREET ADDRESS	396 ALHAMBRA CIR	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JUANET, J.A.	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY - ST - ZIP	CORAL GABLES FL 33134	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV PIERCE, P.P.
2.3 STREET ADDRESS	396 ALHAMBRA CIRCLE
2.4 CITY - ST - ZIP	CORAL GABLES, FL. 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S MIRANDA, LILIANA L.
5.3 STREET ADDRESS	396 ALHAMBRA CIRCLE
5.4 CITY - ST - ZIP	CORAL GABLES, FL. 33134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Oliver M. ...* 1/13/97 (305) 441-6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)