

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 817423 (7)  
1. Corporation Name  
ESSO INTER-AMERICA, INC.



**REINSTATEMENT** 98-99

2. Principal Place of Business		2a. Mailing Address	
396 ALHAMBRA CIRCLE CORAL GABLES FL 33134		396 ALHAMBRA CIRCLE CORAL GABLES FL 33134	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	10/17/1963
4. FEI Number	600002743496-2 -01/15/99--01030-011 13-6044290 *****8.75
5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year's state Personal Property Tax due June 30	Yes

9. Name and Address of Current Registered Agent

MIRANDA, LILIAN L  
396 ALHAMBRA CIR  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name **RAPHEL, MARIA A.**  
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 *Maria A. Raphel* DATE **January 5, 1999**

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 checked="" type="checkbox"/> DELETE
NAME	PIERCE, P P	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GIDDINGS, J.R.	
STREET ADDRESS	396 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHALEY, T.E.	
STREET ADDRESS	396 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MIRANDA, LILIANA L	
STREET ADDRESS	396 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" 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	600002743496-2
1.3 STREET ADDRESS	-01/15/99--01030-011
1.4 CITY-ST-ZIP	*****8.75 *****8.75
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HANNAMAN, K.A.</b>
2.3 STREET ADDRESS	<b>396 ALHAMBRA Circle</b>
2.4 CITY-ST-ZIP	<b>CORAL Gables, FL 33134</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TUCKER, T. P.</b>
3.3 STREET ADDRESS	<b>396 ALHAMBRA Circle</b>
3.4 CITY-ST-ZIP	<b>CORAL Gables, FL 33134</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ZWITSERLOOT, R. G.</b>
4.3 STREET ADDRESS	<b>396 ALHAMBRA circle</b>
4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MARIA A. RAPHEL</b>
5.3 STREET ADDRESS	<b>396 ALHAMBRA Circle</b>
5.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DiDONATO, D.A.</b>
6.3 STREET ADDRESS	<b>396 ALHAMBRA Circle</b>
6.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>

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 attachment with an address.

SIGNATURE: *Maria A. Raphel* **MARIA A. RAPHEL** 11/12/98 (305) 441-6224

CR2E034 (10/97)