

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 53

DOCUMENT # F93000005688 (7)

1. Corporation Name
ESPERANCA, INC.

Principal Place of Business Mailing Address
1911 W. EARLL DR 1911 W. EARLL DR
PHOENIX AZ 85015 PHOENIX AZ 85015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
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 3a. Date of Last Report
12/15/1993 02/08/1994
4. FEI Number Applied For
23-7087997 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TUPPER, DAVID L
1227 W. BRANDON BLVD
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *N/A*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, GORDON
STREET ADDRESS	2700 N. CENTRAL #620
CITY-ST-ZIP	PHOENIX AZ
TITLE	VD
NAME	DONNELLY, CHARLES
STREET ADDRESS	6711 E. CAMELBACK #41
CITY-ST-ZIP	SCOTTSDALE AZ
TITLE	SD
NAME	TUPPER, GERALD
STREET ADDRESS	9007 W. KERRY LANE
CITY-ST-ZIP	PEORIA AZ
TITLE	TD
NAME	HEDBERG, JOHN
STREET ADDRESS	12636 HONAHLEE CT
CITY-ST-ZIP	PHOENIX AZ
TITLE	D
NAME	BONAPARTE, SUELI
STREET ADDRESS	9013 E. LARKSPUR DR
CITY-ST-ZIP	SCOTTSDALE AZ
TITLE	D
NAME	BORGESEN, PAUL MD
STREET ADDRESS	1901 E. THOMAS #103
CITY-ST-ZIP	PHOENIX AZ

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bob Brooks, DDS
5.3 STREET ADDRESS	12301 West Bell Road
5.4 CITY-ST-ZIP	Surprise, AZ 85374
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	13041 North Del Webb
6.3 STREET ADDRESS	Sun City, AZ 85351
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *X Gordon Murphy* PRESIDENT 1/12/95 (602)222-5717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)