

**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

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

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 NIA DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	12836 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	BORGESAN, 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 of Section 110.07(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 attachment 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 (Type in three 1)