

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000004085 (4)**

1. Corporation Name

ESI MULTITRADE LP, INC.

FILED

95 MAY -1 PM 1:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33401**
Mailing Address: **1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1994**
3a. Date of Last Report

4. FEI Number: **65-0465267**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No **See Attached**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**LEON, JOAQUIN E
9250 W. FLAGLER ST.
MIAMI FL 33174**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TANCER, EDWARD F
STREET ADDRESS	11770 U.S. HWY. 1
CITY, ST, ZIP	NORTH PALM BEACH FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	REMOVE TANCER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	GELBER, LESLIE J	
23 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
24 CITY, ST, ZIP	W PALM BEACH FL	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	BONILLA, LORI J	
33 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
34 CITY, ST, ZIP	W PALM BEACH FL	
41 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	HOFFMAN, KENNETH P	
43 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
44 CITY, ST, ZIP	W PALM BEACH FL	
51 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MCGRATH, ROBERT L	
53 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
54 CITY, ST, ZIP	W PALM BEACH FL	
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CARPENTER, FRANCES M	
63 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
64 CITY, ST, ZIP	W PALM BEACH FL	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information and fees on this annual report or supplemental annual report are 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 13 or Block 14 of changed, or on an attachment with an address.

SIGNATURE: *Frances M. Carpenter* **FRANCES M. CARPENTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETARY

3/28/95 **407-687-4900**