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95 MAY -1 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000080812 (8)
1. Corporation Name
ESI DOMINICAN REPUBLIC, INC.

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 11/02/1994	3a. Date of Last Report
4. FEI Number 65-0534339	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Attached	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Delete Tancer
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DP LEIGHTON, MICHAEL L
23 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
24 CITY ST ZIP	WEST PALM BEACH FL
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DV GELBER, LESLIE J
33 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
34 CITY ST ZIP	WEST PALM BEACH FL
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DT MCGRATH, ROBERT L
43 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
44 CITY ST ZIP	WEST PALM BEACH FL
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	S CARPENTER, FRANCES M
53 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
54 CITY ST ZIP	WEST PALM BEACH FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	875116
63 STREET ADDRESS	
64 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)(k), 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 *Frances M. Carpenter* **FRANCES M. CARPENTER** 3/23/95 407-687-4900
(Signature typed or printed name of signing officer or director) (Date) (Telephone Number)
SECRETARY