

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000080812 (8)

1. Corporation Name

ESI DOMINICAN REPUBLIC, INC.



Principal Place of Business

Mailing Address

1400 CENTREPARK BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401

1400 CENTREPARK BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 11760 US Highway One

2a. Mailing Address

26 11760 US Highway One

Suite, Apt. #, etc.

22 Suite 600

Suite, Apt. #, etc.

27 Suite 600

City & State

23 North Palm Beach, FL

City & State

28 North Palm Beach, FL

Zip

24 33408

Country

25 US

Zip

29 33408

Country

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/02/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0534339

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No See Attached

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEIGHTON, MICHAEL L	
STREET ADDRESS	1400 CENTREPARK BLVD SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J	
STREET ADDRESS	1400 CENTREPARK BLVD SUITE 600	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT L	
STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M	
STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11760 US HWY ONE, #600
1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11760 US HWY ONE, #600
2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11760 US HWY ONE, #600
3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11760 US HWY ONE, #600
4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter 3/11/96

(407) 691 3500

Date

Daytime Phone #

CR2E034 (12/95)