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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000022070 (2)
1. Corporation Name
ESQUIRE CORPORATE SERVICES, INC.



Principal Place of Business: % NICOLAS FERNANDEZ, P.A. 2655 LEJEUNE ROAD PH-1D CORAL GABLES FL 33134
Mailing Address: % NICOLAS FERNANDEZ, P.A. 2655 LEJEUNE ROAD PH-1D CORAL GABLES FL 33134-5835

3. Date Incorporated or Qualified: 03/11/1996
3a. Date of Last Report
4. FEI Number: 59-3385491
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

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent
**FERNANDEZ, NICOLAS
2655 LEJEUNE ROAD PH-1D
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **ESQUIRE CORPORATE SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **2655 LE JEUNE ROAD, PH-1D**
83
84 City: **MIAMI** FL 85 Zip Code: **33134**

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]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, NICOLAS	
STREET ADDRESS	2655 LEJEUNE ROAD PH-1D	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ-FERNANDEZ, ANA	
STREET ADDRESS	2655 LEJEUNE ROAD PH-1D	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 4-1-97 305-461-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)