


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O Marquez & Fernandez, PA Suite, Apt. #, etc. 22 # 548 City & State 23 Miami, Fl Zip 24 33126		2a. Mailing Address 26 782 NW Le Jeune Road Suite, Apt. #, etc. 27 # 548 City & State 28 Miami, Fl Zip 29 33126		3. Date Incorporated or Qualified 03/11/1996	
Country 25 USA		Country 30 USA		4. FEI Number 59-3385491	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FERNANDEZ, NICHOLAS 2655 LEJEUNE ROAD PH-1D CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name Nicolas Fernandez, Esq.		82 Street Address (P.O. Box Number is Not Acceptable) 782 NW Le Jeune Road # 548		83			
84 City Miami		85 Zip Code FL 33126					

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 607.0506, Florida Statutes.

SIGNATURE: *Ana Perez Fernandez* Sec. 3/31/98
Signature, typed or printed name of registered agent (delete if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERNANDEZ, NICOLAS		1.2 NAME FERNANDEZ, NICOLAS	
STREET ADDRESS 2655 LEJEUNE ROAD PH-1D		1.3 STREET ADDRESS 782 NW LeJeune Rd., Suite 548	
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP Miami, Florida 33126	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ-FERNANDEZ, ANA		2.2 NAME PEREZ-FERNANDEZ, Ana	
STREET ADDRESS 2655 LEJEUNE ROAD PH-1D		2.3 STREET ADDRESS 782 NW LeJeune Rd., Suite 548	
CITY-ST-ZIP CORAL GABLES FL 33134		2.4 CITY-ST-ZIP Miami, Florida 33126	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Ana Perez Fernandez* 3/31/98

CR2E034 (10/97)