

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

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90097 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000022070**

1. Corporation Name  
**ESQUIRE CORPORATE SERVICES, INC.**



Principal Place of Business C/O MARQUEZ & FERNANDEZ, P. A. STE #548 MIAMI FL 33126 US	Mailing Address 782 NW LE JEUNE RD #548 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 27 C/O Nicolas Fernandez, P. A. Suite, Apt. #, etc. 22 780 NW LeJeune Rd Ste 324 City & State 23 Miami, Florida Zip 24 33126 Country 25 USA	2a. Mailing Address 27 780 NW LeJeune Rd Suite, Apt. #, etc. 22 Suite 324 City & State 28 Miami, Florida Zip 29 33126 Country 30 USA
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3. Date Incorporated or Qualified <b>03/11/1996</b>	4. FEI Number <b>59-3385491</b>	Applied For 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ, ESQ. N**  
**782 NW LE JEUNE RD**  
**#548**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name <b>Fernandez, ESQ. N</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>780 NW LeJeune Rd Ste 324</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33126</b>

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 Ana Perez-Fernandez DATE 3/18/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME FERNANDEZ, NICOLAS	
STREET ADDRESS 782 NW LEJEUNE RD STE 548	
CITY-ST-ZIP MIAMI FL 33126	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME PEREZ-FERNANDEZ, ANA	
STREET ADDRESS 782 NW LEJEUNE RD STE 548	
CITY-ST-ZIP MIAMI FL 33126	
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 DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Fernandez, Nicolas	
1.3 STREET ADDRESS 780 NW LeJeune Rd Ste 324	
1.4 CITY-ST-ZIP Miami, Florida 33126	
2.1 TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Perez-Fernandez, Ana	
2.3 STREET ADDRESS 780 NW LeJeune Rd Ste 324	
2.4 CITY-ST-ZIP Miami, Florida 33126	
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 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, with all other like empowered.

SIGNATURE: [Signature] DATE 3/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1991)