

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000087866 (5)**  
1. Corporation Name  
**ESSEX CAPITAL CORP.**



Principal Place of Business <b>260 CRANDON BLVD SUITE 26 KEY BISCAIYNE FL 33149</b>	Mailing Address <b>260 CRANDON BLVD SUITE 26 KEY BISCAIYNE FL 33149-1537</b>
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3. Date Incorporated or Qualified <b>10/24/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>65-0706287</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MULLIN, TERRANCE J ESQ 75 VALENCIA AVENUE FOURTH FLOOR CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent 81 Name <b>Cordoba, Maria C.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>260 Crandon Boulevard, Suite # 26</b> 83 84 City <b>Key Biscayne, FL</b> 85 Zip Code <b>33149</b>
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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: *Maria Cordoba* **4/22/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D - President</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORDOBA, ALFONSO</b>		1.2 NAME	
STREET ADDRESS <b>260 CRANDON BLVD, STE 26</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>		1.4 CITY-ST-ZIP	
TITLE <b>D - VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORDOBA GOOD, MARIA CECILIA</b>		2.2 NAME	
STREET ADDRESS <b>260 CRANDON BLVD, STE 26</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>		2.4 CITY-ST-ZIP	
TITLE <b>D - VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOOD, SIDNEY S</b>		3.2 NAME	
STREET ADDRESS <b>260 CRANDON BLVD, STE 26</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>		3.4 CITY-ST-ZIP	
TITLE <b>D - VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORDOBA, VIRGINIA</b>		4.2 NAME	
STREET ADDRESS <b>260 CRANDON BLVD, STE 26</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>		4.4 CITY-ST-ZIP	
TITLE <b>D - VP</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORDOBA, CECILIA</b>		5.2 NAME	
STREET ADDRESS <b>260 CRANDON BLVD, STE 26</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>		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 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: *Sidney S. Good* **4/24/97** **(305) 361-9800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)