

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000093108 (3)
1. Corporation Name
ESPFASON IMPORT / EXPORT SERVICES CORPORATION



Principal Place of Business Mailing Address
8601 S.W. 94TH ST., STE. 227W 8601 S.W. 94TH ST., STE. 227W
MIAMI FL 33156 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 11253 S.W. 88th St.		26 11253 S.W. 88th St.		10/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 208G		27 Suite 208G		65-0790901	
City & State		City & State		Applied For	
23 Miami, Florida		28 Miami, Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33176		29 33176		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A.		30 U.S.A.		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	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINKELRIED, ANTONIETA A
8601 S.W. 94TH ST., STE. 227W
MIAMI FL 33156

81 Name SAME
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 607.1505, Florida Statutes.

SIGNATURE

Antonietta A. Vinkelried

Signature typed in full name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIETA A. VINKELRIED	1.2 NAME	
STREET ADDRESS	11253 S.W. 88th St., Suite 208G	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33176	1.4 CITY-ST-ZIP	
TITLE	TEODOSIO MELGAREJO J. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT	2.2 NAME	
STREET ADDRESS	11253 S.W. 88th St., Suite 208G	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33176	2.4 CITY-ST-ZIP	
TITLE	TREASURER & SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIETA A. VINKELRIED	3.2 NAME	
STREET ADDRESS	11253 S.W. 88th St., Suite 208G	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33176	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

Antonietta A. Vinkelried

4/22/98 305/2718681

CR2E034 (10/97)