

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PH 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # V27136 (3)**

1. Corporation Name  
**ESI ANTILLES LP, INC.**

Principal Place of Business      Mailing Address

**1400 CENTREPARK BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401  
US**

**1400 CENTREPARK BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**04/06/1992**      **03/08/1994**

4. FEI Number      Applied For

**65-0329516**      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 imputed tax under S. 199.032, Florida Statutes       Yes       No      **See Attached**

9. Name and Address of Current Registered Agent

**LEON, J E  
9250 W. FLAGLER ST.  
MIAMI FL 33174**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      FL      B5 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GELBER, LESLIE J
STREET ADDRESS	1400 CENTREPARK BLVD, 600
CITY ST ZIP	W. PALM BEACH FL
TITLE	V
NAME	HAZLE, GREGORY M
STREET ADDRESS	1400 CENTREPARK BLVD, 600
CITY ST ZIP	W. PALM BEACH FL
TITLE	TD
NAME	BARNA, KENNETH G
STREET ADDRESS	1400 CENTREPARK BLVD, 600
CITY ST ZIP	W. PALM BEACH FL
TITLE	S
NAME	CARPENTER, FRANCES M
STREET ADDRESS	1400 CENTREPARK BLVD, 600
CITY ST ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DELETE HAZLE
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TD
33 STREET ADDRESS	MCGRATH, ROBERT L.
34 CITY ST ZIP	1400 CENTREPARK BLVD, STE 600 WEST PALM BEACH, FL
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	V
43 STREET ADDRESS	LEIGHTON, MICHAEL L
44 CITY ST ZIP	1400 CENTREPARK BLVD, STE 600 WEST PALM BEACH FL
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	HOFFMAN, KENNETH P.
54 CITY ST ZIP	1400 CENTREPARK BLVD, STE 600 WEST PALM BEACH FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DP 7/5/16
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information reported 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: *Frances M. Carpenter*      FRANCES M. CARPENTER      3/23/95      407-687-4900

SECRETARY