

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified: **04/06/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0329516** Applied For: 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 intangible tax under s. 199.032, Florida Statutes: Yes No **See Attached**

2. Principal Place of Business: **21 11760 US Highway One**
Suite, Apt. #, etc.: **22 Suite 600**
City & State: **23 North Palm Beach, FL**
Zip: **24 33408** Country: **25 US**
2a. Mailing Address: **26 11760 US Highway One**
Suite, Apt. #, etc.: **27 Suite 600**
City & State: **28 North Palm Beach, FL**
Zip: **29 33408** Country: **30 US**

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: **81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): 600001784576 83 -04717/96--01093--029 ***200.00 84 City: [Blank] 85 Zip Code: FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when rotating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input type="checkbox"/> DELETE	NAME: GELBER, LESLIE J	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1400 CENTREPARK BLVD, 600 W. PALM BEACH FL		1.2 NAME:	
CITY-ST-ZIP: W. PALM BEACH FL		1.3 STREET ADDRESS: 11760 US HWY ONE, #600	
TITLE: TD <input type="checkbox"/> DELETE	NAME: MCGRATH, ROBERT L	1.4 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	
STREET ADDRESS: 1400 CENTREPARK BLVD, 600 W. PALM BEACH FL		2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: W. PALM BEACH FL		2.2 NAME:	
TITLE: V <input type="checkbox"/> DELETE	NAME: LEIGHTON, MICHAEL L	2.3 STREET ADDRESS: 11760 US HWY ONE, #600	
STREET ADDRESS: 1400 CENTREPARK BLVD, 600 W. PALM BEACH FL		2.4 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	
CITY-ST-ZIP: W. PALM BEACH FL		3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> DELETE	NAME: HOFFMAN, KENNETH P	3.2 NAME:	
STREET ADDRESS: 1400 CENTREPARK BLVD, STE 600 WEST PALM BEACH FL		3.3 STREET ADDRESS: 11760 US HWY ONE, #600	
CITY-ST-ZIP: WEST PALM BEACH FL		3.4 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS: 11760 US HWY ONE, #600	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.4 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	
STREET ADDRESS:		5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP:		5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS: 11760 US HWY ONE, #600	
STREET ADDRESS:		5.4 CITY-ST-ZIP: NORTH PALM BEACH FL 33408	
CITY-ST-ZIP:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frances M. Carpenter* **Frances M. Carpenter** 3/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

FCB
4-16-96