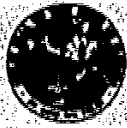


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 18 PM 9:29

DOCUMENT # 468108 (6)

**1. Corporation Name
ESCOBAR ENTERPRISE, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**Principal Place of Business Mailing Address
1430 N.W. 14TH AVE. 1430 N.W. 14TH AVE.
POMPANO BEACH FL 33069-1913 POMPANO BEACH FL 33069-1913**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/30/1974 3a. Date of Last Report 03/30/1994

4. FEI Number 59-1569257 Applied For Not Applicable

5. Certificate of Status Desired [X] \$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 [X] No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESCOBAR, JUSTO
11089 GLENWOOD DRIVE
CORAL SPRINGS 33065**

**81 Name
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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PTD
NAME ESCOBAR, JUSTO
STREET ADDRESS 11089 GLENWOOD DRIVE
CITY - ST - ZIP CORAL SPRINGS FL**

**1.1 TITLE [] Change [X] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ZIP 33065**

**TITLE VSD
NAME ESCOBAR, ERNESTO
STREET ADDRESS 5880 NE 21ST LANE
CITY - ST - ZIP FORT LAUDERDALE FL**

**2.1 TITLE [] Change [X] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ZIP 33308**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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: JUSTO ESCOBAR

305 979-1417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime Filing)