

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

FILED
Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 581943 (8)

1. Corporation Name
ESAN CORPORATION



Principal Place of Business
480 W 18TH ST.
HALEAH FL 33010

Mailing Address
480 W 18TH ST.
HALEAH FL 33010-2419

3. Date Incorporated or Qualified: 08/10/1978
3a. Date of Last Report: 03/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-1831700		Applied For: Not Applicable	
21	22	26	27	5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SANCHEZ, ENI G. 1082 W 71 ST HALEAH FL 33014				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SANCHEZ, ENI G.	1.2 NAME	
STREET ADDRESS	1082 W. 71ST ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD SANCHEZ, CARMEN	2.2 NAME	
STREET ADDRESS	1082 W. 71ST ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HALEAH FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Sandra Coarced Sanchez* (Secn) 1-9-97 888-3198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)