

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90059 031 ***150.00

DOCUMENT # **581943**

1. Corporation Name

ESAN CORPORATION ✓

Principal Place of Business

Mailing Address

*1580 W 35th PL.
HIALEAH FL 33012*

80036720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/10/78

4. FEI Number

19-1831700

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

Yes

No

2. Principal Place of Business

Za. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

28

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*SANchez, ENI G.
1082 W 71st St,
Hialeah, FL 33014*

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 607.1503, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>SANchez, ENI G.</i>	
STREET ADDRESS	<i>1082 W 71st St,</i>	
CITY-ST-ZIP	<i>Hialeah, FL 33014</i>	
TITLE	<i>SD</i>	<input type="checkbox"/> DELETE
NAME	<i>SANchez, CARMEN</i>	
STREET ADDRESS	<i>1082 W 71st St,</i>	
CITY-ST-ZIP	<i>Hialeah, FL 33014</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*A 2/14/20
J.../20/00
150*

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, with all other like empowered.

SIGNATURE:

Sanchez

3/7/00

822-8877