

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

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F80244** (9)

1. Corporation Name
ESSENCE UNLIMITED, INC.

Principal Place of Business 1355 NW 97TH AVENUE MIAMI FL 33172	Mailing Address 1355 NW 97TH AVENUE MIAMI FL 33172-2821
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3. Date Incorporated or Qualified 05/07/1982	3a. Date of Last Report 06/04/1996
4. FEI Number 59-2207227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GOLDEMBERG, IGNACIO
1355 NW 97TH AVENUE
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEMBERG, JAIME	1.2 NAME	
STREET ADDRESS	1355 NW 97TH AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33172	1.4 CITY- ST- ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEMBERG, ESTHER	2.2 NAME	
STREET ADDRESS	1355 NW 97TH AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33172	2.4 CITY- ST- ZIP	
TITLE	PSTD <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDWEMBERG, IGNACIO	3.2 NAME	GOLDEMBERG, IGNACIO
STREET ADDRESS	1355 NW 97TH AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33172	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:  **IGNACIO Goldemberg PRESIDENT** 3/26/97 305-1530776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)