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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90063 025 ***150.00

DOCUMENT # G47531

1. Corporation Name

E.S.I. INTERNATIONAL, INC.



Principal Place of Business
1901 EAST SEVENTH AVENUE
TAMPA FL 33605

Mailing Address
1901 EAST SEVENTH AVENUE
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1983

2. Principal Place of Business

2a. Mailing Address

21 4322 North 56th Street

26 4322 North 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa, Florida

27

23 Tampa, Florida

28 Tampa, Florida

24 33610 25 USA

29 33610 30 USA

24 33610 25 USA

29 33610 30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIFUENTES, JOE S
1901 EAST SEVENTH AVENUE
TAMPA FL 33605

Legal name listed
below - same person

81 Name

Cifuentes, Jose S.

82 Street Address (P.O. Box Number is Not Acceptable)

4322 North 56th Street

83

84 City

Tampa

FL

85 Zip Code

33610

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 Jose S. Cifuentes, Owner/PO

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

(NOTE: Registered Agent Signature Required when reinstating)

3-9-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PD
CIFUENTES, JOE S
STREET ADDRESS 1901 EAST SEVENTH AVENUE
CITY-ST-ZIP TAMPA FL 33605

1.1 TITLE
1.2 NAME PD
Jose S. Cifuentes
1.3 STREET ADDRESS 4322 North 56th Street
1.4 CITY-ST-ZIP Tampa, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Jose S. Cifuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99 813 740 1421

Date

Daytime Phone #

CR2E034 (11/98)