

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

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

03-11-1999 90063 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

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  
**21 4322 North 56th Street**  
 Suite, Apt. #, etc.  
**22 Tampa, Florida**  
 City & State  
**23 Tampa, Florida**  
 Zip Country  
**24 33610 25 USA**

2a. Mailing Address  
**26 4322 North 56th Street**  
 Suite, Apt. #, etc.  
**27 Tampa, Florida**  
 City & State  
**28 Tampa, Florida**  
 Zip Country  
**29 33610 30 USA**

4. FEI Number  
**59-2344013**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible, Personal Property Tax.  Yes  No

g. Name and Address of Current Registered Agent

**CIFUENTES, JOE S  
 1901 EAST SEVENTH AVENUE  
 TAMPA FL 33605**

*Legal name listed below - same person*

10. Name and Address of New Registered Agent

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 **José S. Cifuentes, Owner/PD** *MJC* **3-9-99**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CIFUENTES, JOE S</b>	
STREET ADDRESS	<b>1901 EAST SEVENTH AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33605</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>José S. Cifuentes</b>	
1.3 STREET ADDRESS	<b>4322 North 56th Street</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33610</b>	
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		

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: **José S. Cifuentes** *MJC* **3-9-99** **813 740 1421**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)