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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

K51319 DOCUMENT #

(7)

ERESTA, INC.

Principal Place of Business

· 東京の一般の対象を持ち、からの、日本の経験をお出てい、これでありは、大阪の経験をあると、なら、は、なったのであれている。

Mailing Address

FILED Apr 23 1997 8:00am Secretary of State

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C/O ALAN I. ARMOUR. II 1645 PALM BEACH LAKES BLVD., PENTHOUSE STE WEST PALM BEACH FL 33401		C/O ALAN 1. ARMOUR. II 1645 PALM BEACH LAKES BLVD PENTHOUSE STE WEST PALM BEACH FL 33401-2204						
					3. Date Incorporated or Qualified 12/14/1988	3a. Date 03/12	of Last I /1996	Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 52-1612555	 		Applied For lot Applicable
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.			OE 10 12000	- <u></u>		
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 8. This corporation has liability for intangible tax under s. Florida Statutes Yes X No				s. 199.032,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
	IOUR, ALAN I., II		8	1 Name				
1845 PALM BEACH LAKES BLVD. PENTHOUSE SUITE			6	1	fress (P.O. Box Number is Not Acceptab	ie)		
WES	ST PALM BEACH FL 33401		8	3				
			8	4 City		FI	85 Zip	Code
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fl	lorida Statut	es.	ition's board of directors. I hereby acception and the directors of the di	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	
TITLE	DPS	■ DELETE	1.1 TITLE			C.) Change	Addition
NAME	JESSUP, BRIAN E.		1.2 NAME	ſ				ĺ
STREET ADDRESS	C/O 1645 PLM BCH LK BLV W. PALM BCH. FL			ET ADDRESS				
CITY-ST-ZIP TITLE	T T T T T T T T T T T T T T T T T T T	DELETE	14 CiTY - 21 HillE				Change	Addition
NAME	JESSUP, BRIAN E.		2.2 NAME			_	_ orange	Addition
STREET ADDRESS	C/O 1645 PLM BCH LK BLV			ET ADDRESS				
CITY-ST-ZIP	W. PALM BCH. FL		2 4 CITY	- S) - ZIP				
TITLE		☐ DELETE	3.1 TITLE			L	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			- 2	ft address				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE				Change	Addition
NAME			4.1 IIILE 4.2 NAM			L	n oughlige	Pili Manifoli
STREET ADDRESS			I.	T ADDRESS				
CITY-ST-ZIP			4.4 CITY -					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5 2 NAME					
STREET ADDRESS			53 STRF1	FT ADDRESS				
CITY-ST-ZIP		1.00.00	5.4 CHY	ST-ZIP			10	
TITLE		☐ DELETE	6.1 TITLE			L] Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	l.		6.4 CITY-	-SI-7(P]				

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 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 Place.