

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53085 (2)

1. Corporation Name
ESNI, INC.



Principal Place of Business

Mailing Address

**1231 NE 8TH STREET
HOMESTEAD FL 33033-4502**

**1231 NE 8TH STREET
HOMESTEAD FL 33033-4502**

2. Principal Place of Business

21 **223 Washington Ave**

Suite, Apt. #, etc.

22 **4**
City & State

23 **Homestead, FL**

24 **33030** Zip

Country

25 **USA**

2a. Mailing Address

26 **223 Washington Ave**

Suite, Apt. #, etc.

27
City & State

28 **Homestead FL**

29 **33030** Zip

Country

30 **USA**

3. Date Incorporated or Qualified
12/21/1988

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0163642

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALFONSO, NELSON
15681 SW 144TH COURT
MIAMI FL 33177**

10. Name and Address of New Registered Agent

81 Name **Nelson ALFONSO**
82 Street Address (P.O. Box Number is Not Acceptable)
16090 SW 72 terr.
83
84 City **Miami** FL 85 Zip Code **33193**

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 *Nelson L. Alfonso*

Nelson L. ALFONSO VP.

02/04/96

Signatures: Typed or printed names of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALFONSO, JUAN	
STREET ADDRESS	15320 SW 145TH COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALFONSO, NELSON	
STREET ADDRESS	15681 SW 144TH COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALFONSO, JULIA E.	
STREET ADDRESS	15320 SW 145TH COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALFONSO, VILMA	
STREET ADDRESS	15681 SW 144TH COURT	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15800 S.W 252 st.
1.4 CITY-STATE-ZIP	Miami, FL 33031
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	16090 S.W 72 terr.
2.4 CITY-STATE-ZIP	Miami, FL 33193
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	15800 S.W 252 st.
3.4 CITY-STATE-ZIP	Miami FL 33031
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	16090 S.W 72 terr
4.4 CITY-STATE-ZIP	Miami FL 33193
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nelson L. Alfonso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson L. ALFONSO VP.

Date

Daytime Phone #

02/04/96 305-245-4653

CR2E034 (12/95)