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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35110 (8)

1. Corporation Name
THE ESAN FOUNDATION INC.

Principal Place of Business C/O CWR 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131	Mailing Address C/O CWR 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131-4329
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2. Principal Place of Business 21 c/o RJS	2a. Mailing Address 26 c/o RJS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 25
Country 25	Zip 29
	Country 30

3. Date Incorporated or Qualified 11/08/1989	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0224873	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VIDAL, CARLOS R	
STREET ADDRESS	1902 BRICKELL AVE., APT. 1401-B	
CITY-ST-ZIP	MIAMI 33129	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, LUIS CARLOS	
STREET ADDRESS	PO BOX 1846 N/A	
CITY-ST-ZIP	LIMA, PERU	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NAVARRO, ANTONIO	
STREET ADDRESS	151 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOXETT, CHRISTOPHER W.	
STREET ADDRESS	201 S. BISCAYNE BLVD., 1600 MIAMI CENTER	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLERTON, DIANE	
STREET ADDRESS	540 N. CALIFORNIA AVE.	
CITY-ST-ZIP	PALO ALTO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **ANTONIO NAVARRO, DIR.** 1/24/97 (305) 361-5163
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026517

CR2E037 (9/96)