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**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90004 028 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35110**

1. Corporation Name  
**THE ESAN FOUNDATION INC.**

Principal Place of Business C/O RJS 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER MIAMI FL 33131 US	Mailing Address C/O RJS 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/08/1989
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0224873
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	VIDAL, CARLOS R	1.2 NAME	PREBLE, CHARLES G
STREET ADDRESS	1902 BRICKELL AVE., APT. 1401-B	1.3 STREET ADDRESS	3180 E CREST SHADOWS
CITY-ST-ZIP	MIAMI 33129	1.4 CITY-ST-ZIP	TUCSON, AZ 85718
TITLE	VD	2.1 TITLE	VD
NAME	RODRIGUEZ, LUIS CARLOS	2.2 NAME	VIDAL, CARLOS R
STREET ADDRESS	PO BOX 1846 N/A	2.3 STREET ADDRESS	1902 BRICKELL AVE., APT. 1401-B
CITY-ST-ZIP	LIMA, PERU	2.4 CITY-ST-ZIP	MIAMI 33129
TITLE	VD	3.1 TITLE	VD
NAME	NAVARRO, ANTONIO	3.2 NAME	NOVOA, ALFREDO
STREET ADDRESS	151 CRANDON BLVD.	3.3 STREET ADDRESS	PO BOX 1846, LIMA 100
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3.4 CITY-ST-ZIP	LIMA, PERU
TITLE	D	4.1 TITLE	D
NAME	FULLERTON, DIANE	4.2 NAME	VILLANUEVA, ANA MARIA
STREET ADDRESS	540 N. CALIFORNIA AVE.	4.3 STREET ADDRESS	PO BOX 1846, LIMA 100
CITY-ST-ZIP	PALO ALTO CA	4.4 CITY-ST-ZIP	LIMA, PERU
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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:

*Charles G. Preble* Charles G. Preble

4/14/99

None

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)