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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000058363

1. Corporation Name: ESM, Inc.

Principal Place of Business	Mailing Address
235 LINCOLN RD #320 Miami Beach FL 33139-3157	235 LINCOLN RD #320 Miami Beach FL 33139-3157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-93

2. Principal Place of Business	2a. Mailing Address
21 235 LINCOLN RD	26 235 LINCOLN RD
Suite, Apt. #, etc. 22 SUITE 320	Suite, Apt. #, etc. 27 SUITE 320
City & State 23 Miami Beach FL	City & State 28 Miami Beach FL
Zip 24 33139-3157 Country 25 ~~USA~~	Zip 29 33139-3157 Country 30 ~~USA~~

4. FEI Number: 65-0453989 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Nicholas Papp
	82 Street Address (P.O. Box Number is Not Acceptable): 235 LINCOLN RD # 320
	83
	84 City: Miami Beach FL 85 Zip Code: 33139

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: Nicholas Papp — Nicholas Papp — 1-26-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	Nicholas Papp	1.2 NAME	Nicholas Papp
STREET ADDRESS	360 Meridian Ave #6E	1.3 STREET ADDRESS	360 Meridian Ave #6-E
CITY-ST-ZIP	Miami Beach, FL 33139-8745	1.4 CITY-ST-ZIP	Miami Beach, FL 33139-8745
TITLE	Secretary ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	Nicholas Papp	2.2 NAME	
STREET ADDRESS	360 Meridian Ave #6-E	2.3 STREET ADDRESS	)
CITY-ST-ZIP	Miami Beach FL 33139-8745	2.4 CITY-ST-ZIP	address
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	Nicholas Papp	3.2 NAME	same change)
STREET ADDRESS	360 Meridian Ave #6E	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach FL 33139-8745	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	900002416929
STREET ADDRESS		6.3 STREET ADDRESS	-01/30/98--01014--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE: Nicholas Papp — Nicholas Papp — President — 1-26-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)