

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003642 (3)**

1. Corporation Name
ESPIRITU SANTO USA, INC.

Principal Place of Business

Mailing Address

**250 BRADLEY PLACE
SUITE 702
PALM BEACH FL 33480**

**P. O. BOX 56613
HOUSTON TX 77256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

01/14/1994

4. FEI Number

NOT APPLICABLE

5. Certificate of Status Desired

X

**\$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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature of individual named as registered agent or officer

Signature of person appointed legal or registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P**
NAME: **MUSTACHIA, JOSEPH**
STREET ADDRESS: **250 BRADLEY PLACE 702**
CITY - ST - ZIP: **PALM BEACH FL 33480**

1. TITLE: Change Addition
2. NAME: **UP PATRICIA SKLAK**
3. STREET ADDRESS: **250 BRADLEY PLACE 702**
4. CITY - ST - ZIP: **PALM BEACH, FLORIDA 33480**

TITLE: **PATRICIA SKLAK**
NAME: **250 BRADLEY PLACE 702**
STREET ADDRESS: **PALM BEACH, FLORIDA**
CITY - ST - ZIP: **33480**

7. TITLE: Change Addition
8. NAME:
9. STREET ADDRESS:
10. CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

15. TITLE: Change Addition
16. NAME:
17. STREET ADDRESS:
18. CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

19. TITLE: Change Addition
20. NAME:
21. STREET ADDRESS:
22. CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

23. TITLE: Change Addition
24. NAME:
25. STREET ADDRESS:
26. CITY - ST - 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(9)(b), 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: *Joseph Mustachia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH MUSTACHIA

4-10-95 713-506-6655
Date Signature

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$200.00	ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
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Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 9.
5. Submit with total amount of \$200.00.

Block 1. Block 1 is preprinted with the name of corporation cannot be changed.

Block 2. Enter the principal place of business.

Block 2a. If the computer-entered mailing address is not acceptable, you may enter a new address.

Block 3. Enter the date of incorporation.

Block 3a. Enter the file date of the last annual report.

Block 4. Complete Block 4 by entering the name of the corporation. If "Sole Proprietorship" is preprinted in Block 4, you must provide the FEI number.

Block 5. Should you desire a certified copy of the report, you must include an additional \$8.75 with your filing.

Block 6. Florida law allows for a volunteer to be appointed to the offices of the Governor and members of the Cabinet.

Block 8. Check the appropriate box. If the corporation is a political campaign for the offices of the Governor or members of the Cabinet, check the appropriate box.

Block 9. The law requires that each corporation have a registered agent in Block 10. There is no additional fee for a registered agent.

Block 10. Enter name of new Registered Agent. THE CORPORATION CANNOT HAVE MORE THAN ONE REGISTERED AGENT.

Block 11. The new registered agent must sign in Block 11. No signature is required if the person signing their position with the corporation.

Block 12. Block 12 contains the last information from Block 13. If there is no change, do not enter anything.

Block 13. Block 13 is for changes or additions to the title line: P=President; V=Vice President; S/D=Secretary/Treasurer; W/T=Director; N/A=Not Applicable. Pursuant to Section 119.07(k), the mailing address and "N/A" must be entered.

Block 14. This report must be signed in Block 12, Block 13 if a change in officer or director. A signature placed on an attached document is acceptable.

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mr. Scott

We have no Federal Employment Number, Sorry about the mistake we only have a Federal Tax #

Thanks for the help

Joel M.

with a United States Bank to Department of State.)

previously reported to our office. The name of the corporation must be the same as previously reported, in Block 2.

Box is acceptable.

plied for" is preprinted in Block 4, you must include an additional \$8.75 with your filing.

political campaigns for the offices of the Governor or members of the Cabinet, check the appropriate box.

Block 9 is incorrect, enter the correct information.

ce is NOT acceptable for service of process.

tions and this appointment by completing and signing in Block 11. No signature is required if the person signing their position with the corporation. the person signing must state their position with the corporation.

12, corrections or additions are to be made in Block 13.

gible. Use the following type symbols on the title line: P=President; V=Vice President; S/D=Secretary/Treasurer; W/T=Director; N/A=Not Applicable. Pursuant to Section 119.07(k), the mailing address and "N/A" must be entered.

er or Director of the Corporation that is listed in Block 12, Block 13 if a change in officer or director. A signature placed on an attached document is acceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.