

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 04 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000008424 (1)**

1. Corporation Name  
**EST ENTERPRISES, INC.**



Principal Place of Business

**9728/30SW 24 STREET  
 MIAMI FL 33163-5**

Mailing Address

**9728/30SW 24 STREET  
 MIAMI FL 33165-3024**

3. Date Incorporated or Qualified **02/02/1994**      3a. Date of Last Report **06/06/1996**

2. Principal Place of Business

21 **33 SW**

Suite Apt. # etc.

22 **8th STREET**

City & State

23 **HOMESTEAD, FLORIDA**

Zip

24 **33030-7234**

Country

25 **U.S.A.**

2b. Mailing Address

26 **33 SW,**

Suite Apt. # etc.

27 **8th STREET**

City & State

28 **HOMESTEAD, FLORIDA**

Zip

29 **33030-7234**

Country

30 **U.S.A.**

4. FEI Number

**65-0465047**

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

**BAKER, ELENA G  
 9728/30 SW 24 STREET  
 MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name **HASAN, ISRARUL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**33 SW, 8th STREET**

83

84 City **HOMESTEAD**

FL

85 Zip Code **33030-7234**

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: *ISRARUL HASAN* (ISRARUL HASAN)

DATE: **01-28-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, ELENA G</b>	
STREET ADDRESS	<b>9728/30 SW 24 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HASAN, ISRARUL</b>	
1.3 STREET ADDRESS	<b>33 SW, 8th STREET</b>	
1.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33030-7234</b>	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *ISRARUL HASAN* (ISRARUL HASAN)

DATE: **01-28-97** (305) 248-4346

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E034 (9/96)