

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**
 22 **8th STREET**

23 **HOMESTEAD, FLORIDA**

24 **33030-7234** 25 **U.S.A.**

2b. Mailing Address

26 **33 SW,**
 27 **8th STREET**

28 **HOMESTEAD, FLORIDA**

29 **33030-7234** 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: *(Signature)* **(ISRARUL HASAN)** DATE: **01-28-97**

12. OFFICERS AND DIRECTORS

TITLE	PSD <input type="checkbox"/> DELETE
NAME	BAKER, ELENA G
STREET ADDRESS	9728/30 SW 24 ST
CITY - ST - ZIP	MIAMI FL 33165
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	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HASAN, ISRARUL
1.3 STREET ADDRESS	33 SW, 8th STREET
1.4 CITY - ST - ZIP	HOMESTEAD, FL 33030-7234
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: *(Signature)* **(ISRARUL HASAN)** DATE: **01-28-97** (305) **248-4346**

CR2E034 (9/96)