


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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P94000080812 (8)**

1. Corporation Name

**ESI DOMINICAN REPUBLIC, INC.**



Principal Place of Business <b>11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/02/1994</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0534339</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	25. Country	29. Zip		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**LEON, JOAQUIN E  
9250 WEST FLAGLER ST.  
MIAMI FL 33174**

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

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, 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	DP	1.1 TITLE	DT
NAME	LEIGHTON, MICHAEL L	1.2 NAME	BOYLAN, PETER
STREET ADDRESS	11760 US HWY ONE, #600	1.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DV	2.1 TITLE	AS
NAME	GELBER, LESLIE J	2.2 NAME	HATHAWAY, SCOT C
STREET ADDRESS	11760 US HWY ONE, #600	2.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DT	3.1 TITLE	AS
NAME	MCGRATH, ROBERT L	3.2 NAME	PONDER, STEPHEN H
STREET ADDRESS	11760 US HWY ONE, #600	3.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	S	4.1 TITLE	AS
NAME	CARPENTER, FRANCES M	4.2 NAME	TANCER, EDWARD F
STREET ADDRESS	11760 US HWY ONE, #600	4.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		5.1 TITLE	D/P
NAME		5.2 NAME	GELBER, LESLIE J.
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D/V
NAME		6.2 NAME	LEIGHTON, MICHAEL L.
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FRANCES M CARPENTER, SECRETARY** *Frances M Carpenter* 2/6/98 (561)691-3500

CR2E034 (10/97)