SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISS	DISSOLVED ON OR AFTER A OLVED, MINIMUM AMOUNT DUE	UGUST 7, 1996. TO REINSTATE: \$37	5.)		-		
COR ANNU	PROFIT RPORATION JAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State Division OF CORPORATIONS						
DOCUI	MENT # P95000	0023073 (6)	·					
	ESCOBAR, INC.	(0)						
Principal Place		Mailing Address			4 10 6140 61 460 1010 4 01111 10601 106016 01		IIII Do iii 1 0500 kal 4001	
ORLANDO FL 32807		5025 BARTON DRIVE ORLANDO FL 32807						
					3. Date Incorporated or Qualified 03/20/1995	3a. Date	of Last Report	
2. Principal Pl	lace of Business	2a. Mailing Address	ALCO DS		4. FEI Number 59-3302	27	Applied For Not Applicab	lo.
Suite, Apt.	#, etc	Suite, Apt. #, etc.	W.Carr		5. Certificate of Status Desired		\$8.75 Additional	
City & State	9	City & State	70		6. Election Campaign Financing		\$5.00 May Be	
23 Zip	Country	28 OCIO 100 1	Country		Trust Fund Contribution		Added to Fees	_
24	25		OCON	R	8. This corporation has liability for Florida Statutes	Yes 🔲	No	_
DAI	 Name and Address of Curren NLEY, RICHARD D 	it Registered Agent	81 Name	7	10. Name and Address of New Re		ent	
3501 13TH STREET					NE ESCOLO s (PO Box Number is Not Acceptat	ie)		
ST.	83	43	CIGIZOCOUIX	aro	ee	\dashv		
			84 City (- A	500		85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050, egistered agent, or both, in the State	2 and 607 1508, Florida Statutes	the above named	corpora	tion submits this statement for the p	FL Urpose of cha	anging its registered	_
agent. Lar	m familia th, and accept the obliga	ations of Section 607.0505, Florid	lorized by the corp la Statutes.	oration	s board of directors. I hereby accept	t the appointr	nent as registered	
SIGNATURE	Signature Type For printed name of registered		flogistered Agent signature	required v		DAIL		
12.	OFFICERS ANI	DELETE	13. 11 THLE	64	ADDITIONS/CHANGES TO OFFICE		IRECTORS IN 12 Change	3/2E034 (3/96)
NAME CARCEL AROPECO	ESCOBAR, RENE 5025 BARTON DRIVE		1.2 NAME	226	cobar Rene	oee		8
STREET ADDRESS CITY - ST - ZIP	ORLANDO FL 32807		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	00	1 and 13 3 3 8 10	2		72E(
TITLE		DELETE	21 TITLE				Change Additio	-15
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP	,,,,_,_,,_,,_,,_,,,,,,,,,,,,		2 4 CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·		
TATLE NAME		DEFELE	3 1 TITLE . 3 2 NAME			L	Change Addit-o	n
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	34 CITY-ST-ZIP				Change Additio	
NAME			4 2 NAME]		لبسط	o mile 🔲 Massie	
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE				Criange Additio	
NAME		_	5.2 NAME			J	·	
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY - ST - ZIP TITLE	The state of the s	DELETE	5 4 CHTY - ST - ZIP 6 1 TITLE		10000100		 Change Additio	<u></u>
NAME			6 2 NAME		10000192 -08/20/960110	69043	1	
STREET ADDRESS			6 3 STREET ADDRESS		***225.00			
14. I do hereb	y certify that the information supplied	I with this filing is voluntarily furni	64CITY-ST-ZIP shed and does not	qualify	for the exemption stated in Section 1	19.07(3)(k). F	Florida Statutes T	\dashv
made und	rtify that the information indicated on ler oath, that I am an officer or directo ame appears in Block 12 or Block 13 i	or of the corporation or the receiv	er ar trustee empov	rue and vered to	accurate and that my signature sha execute this report as required by 0	II have the sa Chapter 617, I	me legal effect as if Florida Statutes, and	
SIGNAT	URE: * Pene	PRINTED NAME OF SIGNING OFFICER OF	bear		8-5-9	6 407	7522-9510 re Prione 1	
	OWNER ONE AND THEOUR	TEO HAME OF GIORING OFFICER OR	SALEGION		Usle:	$A \subset \mathcal{O}$	1 4 5 6.1611	- 1

8-5-96 447522-9510 CS 8/6 20196