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FILED

Mar 05 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 # P95000023073 (6)

1. Corporation Name  
RENE ESCOBAR, INC.



Principal Place of Business

5025 BARTON DRIVE  
ORLANDO FL 32807

Mailing Address

5293 CLARACONA OCCOEE  
ORLANDO FL 32810-4055

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

08/20/1996

4. FEI Number

59-3302367

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

2. Principal Place of Business

21 127 woodvalley way  
Suite, Apt. #, etc.

2a. Mailing Address

27 727 woodvalley way  
Suite, Apt. #, etc.

City & State

23 orlando FL.

City & State

28 orland al.

Zip

24 32825

Country

25 Orange

Zip

29 32825

Country

30 Orange.

9. Name and Address of Current Registered Agent

ESCOBAR, RENE  
5293 CLARACONA OCCOEE  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

Escobar, Rene

82

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

727 woodvalley way

83

84

City orlando

FL

85 Zip Code 32825

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: *Rene M. Escobar*

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

x 1-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ESCOBAR, RENE  
STREET ADDRESS 5293 CLARACONA OCCOEE  
CITY-ST-ZIP ORLANDO FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 on an attachment with an address.

SIGNATURE: *Rene Escobar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-21-97

Date

Daytime Phone: #

CR2E034 (9/96)