

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

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

DOCUMENT # **P95000039421 (9)**

1. Corporation Name

**ESCOBAR LOPEZ ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>401 S.W. 8TH ST. MIAMI FL 33130</b>		Mailing Address <b>401 S.W. 8TH ST. MIAMI FL 33130</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		30	
25		29	
3. Date Incorporated or Qualified <b>05/18/1995</b>		4. FEI Number <b>65-0588537</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ESCOBAR, MANUEL  
401 S.W. 8TH ST.  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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 time of application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCOBAR, MANUEL</b>	1.2 NAME	
STREET ADDRESS	<b>401 S.W. 8TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33130</b>	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCOBAR, MANUEL JR.</b>	2.2 NAME	
STREET ADDRESS	<b>401 SW 8TH ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESCOBAR, EDUARDO</b>	3.2 NAME	
STREET ADDRESS	<b>401 SW 8TH ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ESCOBAR, MOATA G.</del>	4.2 NAME	<b>DIAZ, MARIA</b>
STREET ADDRESS	<b>401 SW 8TH ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ESCOBAR, MOATA G.</del>	5.2 NAME	<b>ESCOBAR, MARIA</b>
STREET ADDRESS	<b>401 SW 8TH ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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:

*Manuel Escobar*

01-30-98 (205) 562136

CP2E034 (10/97)