FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham -Secretary of State

1996

DIVISION OF CORPORATIONS P95000064043 (9) **DOCUMENT #**

ESE/USA, INC.

Principal Place of Business

Mailing Address

14250 SW 136 STREET MIAMI FL 33186

14250 SW 136 STREET MIAMI FL 33186

36 APR 26 AM 8:48

SECRETARY OF STATE

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					 Date Incorporated or Qualified 08/18/1995 	3a. Dai	ite of Last Report
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	115	Applied For
21	26				45-00042	リ ン	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>it 1</u>			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	Orty & State	- -			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country	Zip	Cou	ntry		B. This corporation has liability fo	_	tax under s. 199.032,
24 - 25	29	30				s 🗌 No	J A
9, Name and Address of Current	Registered Agent		81 Nan		10. Name and Address of New	Hegistered	1 Agent
			BI Nair	ie;			
MASIS, JOSE T			82 Stre	et Addres	s (P.O. Box Number is Not Accepta	ible) 110	J 1
14250 SW 136 STREET			83				
MIAMI FL 33186			63				
			84 City			FI	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 or registered agent, or both, in the State of Florid	and 607.1508, Florida Statutes	s, the abo	ve-named	corporat	on submits this statement for the p	urpose of ch	hanging its registered office
familiar with, and accept the obligations of, Section	on 607.0505, Florida Statules.					,	
SIGNATURE							
Signature, typed or printed name of registered agent a OFFICERS AND		L' Registered	Agent signatu	re required v	hen reinstating) ADDITIONS/CHANGES TO OF	DATE	ID DIDECTODE IN 10
12. OFFICERS AND	DELETE	1.1 T	TI F	- T	ADDITIONS/CHANGES TO OF	LICEUS AN	Change Addition
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CITY-ST-ZIP MIAMI FL 33186			neci Auune: IY-SI-ZiP	5 V	,,,,,		
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NAME MASIS, LORENA	LJ	22 N			11 i		D ************************************
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CITY-ST-ZIP MIAMI FL 33186			TY-ST-ZIP	~ ~			
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NAME	-	3.2 N					
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NAME		6.2 N	AME		11.1. C	ſ	* XP X. X MM
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CITY - ST - ZIP		6.4 C	ITY-ST-ZIP	_			<u>""</u> "
14. I do hereby certify that the information supplied v	vith this filing is voluntarily fumilial report or supplemental appli	shed and	does not is true and	qualify for	the exemption stated in Section 11	9.07(3)(k), F	Florida Statutes. I further all effect as if made under
14. I do hereby certify that the information supplied verify that the information indicated on with annu oath; that I am an officer or directly if the dupo appears in Block 12 or Block 50 if the langest or company.	ration or the receiver or trustee in an attachment with an addre	empowe ess.	red to exe	cute this	report as required by Chapter 607,	Florida Stati	utes; and that my name

SIGNATURE: