

MAY-07-1996 10:22 FROM THE MARCH MGMT. CO., INC TO
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62-1904487601320 P.02

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortheron
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000089920 (9)

1. Corporation Name
ESOIL 1-27-45-0002 CORPORATION

Principal Place of Business
2855 S. LE JEUNE ROAD, SUITE PH-1-C
CORAL GABLES FL 33134

Mailing Address
2855 S. LE JEUNE ROAD, SUITE PH-1-C
CORAL GABLES FL 33134

5. Date Incorporated or Created 11/27/1996	6. Date of Last Report
4. FEI Number 05-063-0550	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 ☐
10. Name and Address of New Registered Agent	

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. Zip
24. Country	29. Country

ESTEVEZ, ANTHONY J
2855 S. LE JEUNE ROAD, SUITE PH-1-C
CORAL GABLES FL 33134

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL 36 Zip Code

11. Pursuant to the provisions of Sections 807.0602 and 807.1608, 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 807.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and 800 if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ESTEVEZ, ANTHONY J	1.1 TITLE	☐ Change ☐ Addition
NAME	2855 S. LE JEUNE ROAD, SUITE PH-1-C	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL 33134	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony J. Estevez, President Date: 5/22/96