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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Change

Change

Change

Addition

☐ Addition

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089920 (9)

ESOIL 1-27-45-0002 CORPORATION

ESTEVEZ. ANTHONY J

CORAL GABLES FL 33134

2655 S. LE JEUNE ROAD, SUITE PH-1-C

Principal Place of Business Mailing Address						F INDIVIDUAL THE VALUE OF THE PARTY OF THE P				
		EUNE ROAD. SUITE PH-1-C ES FL 33134		2655 S. LE JEUNE ROAD. SUITE PH-1-C CORAL GABLES FL 33134						
							 Date Incorporated or Qualified 11/27/1995 	3a. Date of 05/01/1	f Last Report 1 996	
_	Principal I	Place of Business	2a. Mailing Add	2a, Mailing Address			4. FEI Number Applied For			
21			26			65-0630550 Not Applicable				
22	Suite, Apt	t. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5, Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
23	City & State City &			ity & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24	Zip	Country 25	Z ip 29	Country 30			This corporation has liability for Florida Statutes	rintangible tax ı		
	g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
ESTEVEZ, ANTHONY J 2655 S. LE JEUNE ROAD, SUITE PH-1-C CORAL GABLES FL 33134					81					
					83					
					84	City		FL 85	Zip Code	
11	office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such char	nge was auth	orized by	the corpora	poration submits this statement for the ition's board of directors. I hereby acce	purpose of cha opt the appointn	nging its registered nent as registered	
Si	GNATURE									
<u> </u>						d Agent signature required wher reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12					13.		Change Addition			

NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE 100002199621 NAME 6.2 NAME -06/03/97--01044--014 STREET ADDRESS **6.3 STREFT ADDRESS** ***6765.00 64 CITY-ST-ZIP

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3 4. CITY - ST - 7IP

2. 4 CITY-ST-ZIP

1.4 CITY - ST - ZIP

21 WHE 2.2 NAME

3.1 TITLE

32 NAME

4.1 THILE

DELETE

DELETE

DELETE

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 ch

4/20/02/2057446-90