

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095489 (7)

1. Corporation Name

ESCO MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1550 MADRUGA AVE., SUITE 120
% NEAL E. FARR
CORAL GABLES FL 33146

1550 MADRUGA AVE., SUITE 120
% NEAL E. FARR
CORAL GABLES FL 33146



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/18/1995

4. FEI Number

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

81 Name

Rogelio Espinosa Sr.

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

36 N.E. 1st St. #227

83

84 City

Miami, FL

FL

85

Zip Code

33132

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

Rogelio Espinosa

Signature typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FARR, NEAL E
STREET ADDRESS 1550 MADRUGA AVE., SUITE 120
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE
NAME Rogelio Espinosa Sr.
STREET ADDRESS 36 N.E. 1st St. #227
CITY-ST-ZIP Miami, FL, 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P.
1.2 NAME Rogelio Espinosa Sr.
1.3 STREET ADDRESS 36 N.E. 1st St. #227
1.4 CITY-ST-ZIP Miami, FL, 33132

2.1 TITLE
2.2 NAME Rogelio Espinosa Jr.
2.3 STREET ADDRESS 36 N.E. 1st St. #227
2.4 CITY-ST-ZIP Miami, FL, 33132

3.1 TITLE S
3.2 NAME Lazaro Espinosa
3.3 STREET ADDRESS 36 N.E. 1st St. #227
3.4 CITY-ST-ZIP Miami, FL, 33132

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rogelio Espinosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 305-358-8075

Date Daytime Phone #

CP2E034 (12/95)