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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90183 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000012245

1. Corporation Name  
ESPINAL SERVICES, INC.

Principal Place of Business  
7910 ABBOT AVENUE APT. #206  
MIAMI BEACH FL 33141

Mailing Address  
7910 ABBOT AVENUE APT. #206  
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

65-0642170

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 1614 SW 1ST ST

26 1614 SW 1ST ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip

25 Country

29 Zip

30 Country

33135

USA

33135

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRABAL, EDYLEIDY  
1614 SW 1ST STREET  
MIAMI FL 33135

81 Name

BREMER, ELIZABETH

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

1614 SW 1ST ST

83

84 City

MIAMI

FL

85 Zip Code

33135

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 title if applicable.

ELIZABETH BREMER - PRESIDENT

4/29/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MIRABAL, EDYLEIDY  
STREET ADDRESS 1614 SW 1ST STREET  
CITY-ST-ZIP MIAMI FL 33135

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME BREMER, ELIZABETH  
STREET ADDRESS 1614 SW 1ST STREET  
CITY-ST-ZIP MIAMI FL 33135

2.1 TITLE PD  
2.2 NAME BREMER, ELIZABETH  
2.3 STREET ADDRESS 1614 SW 1ST STREET  
2.4 CITY-ST-ZIP MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)