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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046851 (7)

ESOIL 1-27-45-0016 CORPORATION

Principal Place of Business

Mailing Address

FILED May 20 1997 8:00am Secretary of State



2655 8 LE JEUNE ROAD STE PH 1-C CORAL GALBES FL 33134			2655 S LE JEUNE ROAD STE PH 1-C CORAL GALBES FL 33134-5827					
					3. Date Incorporated or Qualified 06/03/1996	3a. Date of La	ast Report	
2. Principal Pi	lace of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number		Applied For	
21		26				65-0682212 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Count	ry				
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
ESTEVEZ, ANTHONY J					81 Namo			
2655 S LE JEUNE ROAD STE PH 1-C CORAL GALBES FL 33134				2 Street	eet Address (P.O. Box Number is Not Acceptable)			
•			8	3				
			8	4 City		FL 85	Zip Code	
office or re agent. I as	egistered agent, or both, in the Stom familiar with, and accept the ob	ate of Florida. Such change was a digations of, Section 607.0505, Flo	authorized orida Statut	by the corp es.	corporation submits this statement for the poration's board of directors. I hereby accept	ot the appointmen	ing its registered at as registered	
				igent signature	required when reinstating)	DAIL	TODO IN 10	
12.			13.		ADDITIONS/CHANGES TO OFFIC	Cha		
NAME	CATCUET ANTHONY I		1.2 NAM				gs [] Nosiaon	
STREET ADDRESS	2655 S LE JEUNE ROAD ST	TE PH 1-C		ET ADDRESS			i	
CITY-ST-ZIP	CODAL CALDED EL COLO.			- ST - ZIP				
TITLE	DELETE 2					☐ Cha	ange Addition	
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY	'- ST- ZIP				
TITLE	DELETE :					☐ Cha	inge 🔲 Addition	
NAME			3.2 NAM	£				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T] DELETE		-\$1-7(P		T Obe	ann I dedition	
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STREET ADDRESS				ET ADDRESS		\sim		
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NAME			5.2 NAM		Milan	ω		
STREET ADDRESS		•		ET ADDRESS	7			
CITY-ST-ZIP			5.4 CITY		V)		
TITLE			61 Hitt			☐ Cha	inge Addition	
NAME			62 NAM	E	60000219 -06/03/97010	9636		
STREET ADDRESS			63 S1RE	ET ADDRESS	-06/03/97010	44014		
CITY-ST-ZIP			6.4 CITY	-ST-ZP	***6765.00			

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 occeiver 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 ji engage of the corporation of the cor