## 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 # P96000046857 (4)

ESOIL 1-27-45-0018 CORPORATION

Princi	pal F	lace	of (	Busin	ess

Mailing Address

## **FILED** May 20 1997 8:00am Secretary of State



885 8 LE JEUNE ROAD STE PH 1-C CORAL GABLES FL 33134		2655 S LE JEUNE ROAD CORAL GABLES FL 3313							
					3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last F	Report		
2. Principal Place of Business 2a.		2a, Mailing Address	Mailing Address		4. FEI Number	TA:	oplied For		
21		26			65-0682216 Not Applicat				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional				
22		27			5. Certificate of Status Desired Fee Required				
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be		
23	·	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30				Florida Statutes Yes No				
	g. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent					
	EVEZ, ANTHONY J		6	81 Name					
2655 S LE JEUNE ROAD STE PH 1-C CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)					
			8	3					
			8	A City		lee 7:-	Onda		
			l°	4 City		FL 85 Zip	Code		
office or r	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the o	tate of Florida. Such change was	s authorized	by the corpor	orporation submits this statement for the puration's board of directors. I hereby accep	irpose of changing i the appointment as	ts registered registered		
SIGNATURE									
	Signature, typed or printed name of registers			gent signature req	quired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ERS AND DIRECTOR  Change			
TITLE	D DELETE		1.1 TOTLE		Chai		Addition		
NAME ESTEVEZ, ANTHONY J STREFT ADDRESS 2655 S LE JEUNE ROAD STE PH 1-C			1.2 NAM	ì					
CODAL CADIFE EL 22424				ET ADDRESS					
CITY-ST-ZIP	COUNT CARDIES LE 33134	- Drutte	1.4 CITY 2.1 TITLE			Channe	Addition		
TITLE	DELETE			į.	Change Ad				
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS			}		
CITY-ST-ZIP				(-ST-ZIP		Change	Addition		
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NAME									
STREET ADDRESS				3.3 STREET ADDRESS 3.4 CITY-S1-2IP			ľ		
CITY-ST-ZIP TITLE						Change	Addition		
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STREET ADDRESS				ET ADDRESS					
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CITY-ST-ZIP		☐ DELETE	4.4 City 5.1 Title		W.M.	Change	Addition		
NAME				i	Months Dividing				
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				· · · · · · · · · · · · · · · · · · ·	V	)	}		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change	Addition		
NAME		- Mill	6.2 NAM		00000010	<b>—</b> ·			
STREET ADDRESS				ET ADDRESS	90000219 -06/03/970104	JDJJJ 4014			
				1	***6765.00	T U14			
CITY-ST-ZIP			6.4 CITY	51-EIP	<u> </u>				

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name