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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-70P

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075733 (1)

ESOIL 1-27-45-0023 CORPORATION

Principal Place of Business Mailing Address 2655 8, LEJEUNE ROAD 2855 S. LEJEUNE ROAD PENTHOUSE 10 PENTHOUSE 1C CORAL GABLES FL 33134-5827 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0699306 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032, Yes No 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ESTEVEZ, ANTHONY J 81 2655 S. LEJEUNE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE 10 83 **CORAL GABLES FL 33134** 84 City 85 Zip Code 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. Hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. ☐ DELETE TITLE 1.) TITLE ESTEVEZ, ANTHONY J NAME 1.2 NAME 2655 S. LEJEUNE ROAD, PENTHUSE 1C STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

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6.3 STREET ADDRESS

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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 chapter on mattachment with an address.

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Addition

Change

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May 20 1997 8:00am

Secretary of State