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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075736 (4)

ESOIL 1-27-45-0022 CORPORATION

								<u> </u>	 	
Principal Place of Business Mailing Address									1 MAIN 18891 MILL INNNA HAIN EIST 1891	
2655 8. LEJEU				2655 S. LEJEUNE ROAD PENTHOUSE 1C CORAL GABLES FL 33134-5827						
PENTHOUSE 1										
OOING ONDER	0 10 00104		Olore					3. Date Incorporated or Qualified 09/11/1996	3a. Date of Last Report	
2. Principal P	lace of Busin	ness	2a. Maili	2a. Mailing Address				4. FEI Number	Applied For	
21			26	26				65-0708817	Not Applicable	
Suite, Apt.	#, etc.		Suile	Suite, Apt. #, etc.					\$8.75 Additional	
22			27					5. Certificate of Status Desired	Fee Required	
City & State	e		City	City & State				6. Election Campaign Financing	\$5.00 May Be	
23			28					Trust Fund Contribution	Added to Fees	
Zip		Country	<u> </u>	Zip Coul				B. This corporation has liability for		
24	25 25 Name and Address of Current I			29 30			Florida Statutes Yes No			
COT			disent vedisiesen	Agent		81	Name			
ESTEVEZ, ANTHONY J 2655 S. LEJEUNE ROAD						•	ТАДІТІС			
	THOUSE 1					82	Street Address (P.O. Box Number is Not Acceptable)			
		S FL 33134			ŀ	83				
COF	AUT CAUDITE	S 1 L 00 104								
						84	City	4	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						L	e-named cor	poration submits this statement for the p	"_ "" []	
office or registered agent, or both, in the State of Fiorida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid							prized by the corporation's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Signature, typed	or printed name of registe	red agent and title if applic	able (NO	1E Rogistered	l Age	nt signature requ	ired when reinstating)	DATE	
12.		OFFICER	S AND DIRECTOR	3	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	D			DELETE	1.1 10	LE			Change Addition	
NAME ESTEVEZ, ANTHONY J				1.2 NAME			ł			
STREET ADDRESS 2655 S. LEJEUNE ROAD, PENT				HUSE 1C 1.3 :			ADDRESS	•		
CITY-ST-ZIP	CORAL	SABLES FL 3313	4	1.4 Cl			T - 21P			
TITLE				☐ DEFELE	2.1 10	LE			L Change Addition	
NAME					2 2 NA	ME				
STREET ADDRESS	REET ADDRESS						ADDRESS			
CITY-ST-ZIP				Delete	2.4 C		ST-ZIP		Observe Addition	
TITLE	1			☐ DELETE	3.1 111				Change L Addition	
NAME					3 2 NA		I DDDDGG			
STREET ADDRESS					1		ADDRESS			
CITY-ST-ZIP TITLE				DELETE	3 4. Ci		ST-ZIP		Change Addition	
NAME					4. 2 N					
	REET ADDRESS			4.3 STRE			YDODEGG	.\		
								1/1	()()	
CITY- ST-ZIP TITLE				DELETE	LETE 5.1 TITLE		1-21	11 70	Change Addition	
NAME			_	5.2 NA			Y /	,		
STREET ADDRESS							ADDRESS	<i>`</i> ✓	`	
CITY-ST-ZIP					5 4 CF			•	,	
TITLE				DELETE	61 TH		-		Change Addition	
NAME					6.2 NA	ME		30000219	19643	
STREET ADDRESS					6.3 ST	REET	ADDRESS	30000219 -06/03/97010	44014	

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 changed or participant with an address.