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

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075747 (1)
1. Corporation Name

ESOIL 1-27-45-0024 CORPORATION

Principal Plac 2655 8. LEJEU PENTHOUSE 1	INE ROAD C	Mailing Address 2655 S. LEJEUNE ROAD PENTHOUSE IC	2655 S. LEJEUNE ROAD			
CORAL GABLE	C PL 33134	COMME CARRIES PE 3515	r3021		3, Date Incorporated or Qualified 09/11/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0708819	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u>⊢</u> ′		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zıp 29	Country 30		This corporation has liability for i Florida Statules	ntangible tax under s. 199.032, Yes No
	g, Name and Address of Curr		100		10. Name and Address of New Re	
EST	EVEZ, ANTHONY J		81	Name		
2855 S. LEJEUNE ROAD PENTHOUSE 1C			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
	RAL GABLES FL 33134		83			
			84	City		85 Zip Code
		100 - 1007 1500 Et il 011				FL 03 2.15 0.000
office or r	registered agent, or both, in the Sta	te of Florida. Such change was	authorized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	or changing its registered it the appointment as registered
agent. Fa	im familiar with, and accept the obt	gations of, Section 607.0505, Fl	orida Statutes	;.		
SIGNATURE	Signature, typod or printed name of registered a	igent and tille if applicable (NO	IL Floaislered Age	nt signature regu	red whon reinstaling)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	U	DELETE	1.1 TITLE			Change Addition
NAME	ESTEVEZ, ANTHONY J		1.2 NAME			
STREET ADDRESS 2655 S. LEJEUNE ROAD, PENTHOUSE 1C			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		14 CiTY-S	T - ZIP		
TITLE		DELETE 2				Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - 9	ST-ZIP		į
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME	- 1		
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	51 - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS		•	4.3 STREET	ADDRESS	_	,
CITY-ST-ZIP			4.4 CITY-S	1-2IP		11
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME		•	, VL,
STREET ADDRESS			5 3 STREET	ADDRESS	•	600
CITY-ST-ZIP			5.4 DITY - S	T-ZIP		<u> </u>
TITLE		☐ DELETE	6.1 TITLE		والمناور الأوام والمناور والمناور والمناور والمناور والمناور والمناور والمناور والمناور	Change Addition
NAME			6.2 NAME		50000219 -06/03/970104	3043 4 014
STREET ANNEESS			6.3 STREET	ADDDCCC	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	/4==U14

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 or 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 or the same legal effect as if made under oath; that

***6765.00