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FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Candice B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081280 (5)
1. Corporation Name

ES ASI INTERNATIONAL, INC.

Principal Place of Business
1355 NORTHWEST 15 STREET
MIAMI FL 33125

Mailing Address
1355 NORTHWEST 15 STREET
MIAMI FL 33125-1621



2. Principal Place of Business		2a. Mailing Address	
21 1355 NW 15 Street		26 PO BOX 421254	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Miami		28 City & State Miami	
24 Zip 33125	25 Country FL	29 Zip 33242	30 Country FL

3. Date Incorporated or Qualified 10/01/1996	3a. Date of Last Report
4. FEI Number 52-2036187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMERLAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
GLORIA GIRALDO
82 Street Address (P.O. Box Number is Not Acceptable)
1355 N.W. 15 ST.
83
84 City
MIAMI
FL 85 Zip Code
33125

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Gloria Giraldo*

(NOTE: Registered Agent signature required when reinstating)

5/97

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GIRALDO, GLORIA
STREET ADDRESS	1355 NORTHWEST 15 STREET
CITY-ST-ZIP	MIAMI FL 33125
TITLE	VSD
NAME	EDWARDS, ROBERT J
STREET ADDRESS	1355 NORTHWEST 15 STREET
CITY-ST-ZIP	MIAMI FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE *Gloria Giraldo*

4/32/97

CR2E034 (9/96)