

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097165 (0)

1. Corporation Name
ESOIL 1-27-45-0027 CORPORATION

Principal Place of Business 2655 S. LEJEUNE ROAD, PH-1C CORAL GABLES FL 33134	Mailing Address 2655 S. LEJEUNE ROAD, PH-1C CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13401 S.W. 184TH ST. Suite, Apt. #, etc 22 City & State 23 MIAMI, FL 24 Zip 33177-2523 25 Country U.S.A.		2a. Mailing Address 26 C/O DIAZ&ASSOCIATES, INC Suite, Apt. #, etc. 27 780 N.W. 42 AVE., STE 621 28 City & State MIAMI, FL 33126 29 Zip 33126 30 Country U.S.A.		3. Date Incorporated or Qualified 12/02/1996	4. FEI Number 65-0721154	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ESTEVEZ, ANTHONY J 2655 S. LEJEUNE ROAD, PH-1C CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name CARLOS H. CONTRERAS 82 Street Address (P.O. Box Number is Not Acceptable) 20 N.W. 124TH AVENUE 83 84 City MIAMI FL 85 Zip Code 33182			
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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 Carlos H. Contreras Pres. DATE 4/28/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D./P./S.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ESTEVEZ, ANTHONY J			1.2 NAME	CARLOS H. CONTRERAS		
STREET ADDRESS	2655 S. LEJEUNE ROAD, PH-1C			1.3 STREET ADDRESS	20 N.W. 124TH AVENUE		
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP	MIAMI, FL 33158		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

CARLOS H. CONTRERAS

SIGNATURE Carlos H. Contreras PRES DATE 4/28/98 305-642-3146

CR2E034 (10/97)