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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097165 (0)

**ESOIL 1-27-45-0027 CORPORATION** 

## **FILED** May 12 1998 8:00am Secretary of State



Principal Place	of Business	Mandana Addanas						
		Mailing Address						
2855 8. LEJEU CORAL GABLE	INE ROAD, PH-1C	2655 S. LEJEUNE ROA CORAL GABLES FL 33			1			
COMPAL GABLE	:0 FL 33134	COMAL GABLES FL 33	1134		DO NOT WRIT	TE IN THIS SPA	CE	
					3. Date Incorporated or Qualified	3	-	
					12/02/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 13401	S.W. 184TH ST.	26 C/O DIAZ	RASSO	CIATES. 1	INC 65-0721154		No	. Applicable
Sulte, Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75	dditional
22		27 780 N.W. 4	2 AVE.	STE 621	5. Certificate of Status Desired		Fee Re	quired
City & State	•	City & State		•	6. Election Campaign Financing		\$5.00	Мау Ве
23 MTAMI.	_FL	28 MIAMI, FL			Trust Fund Contribution	Added to Fees		o Fees
Zip	Country	Ζφ	<u> </u>	unlry	8. This corporation owes or has p		٠,	
<u> 24   33177-</u>		29 33126	30	U.S.A.	Personal Property Tax due Jur			No
	9. Name and Address of Curr	ent Registered Agent		B1 Name	10. Name and Address of New F	Registered Age	ent	
	EVEZ, ANTHONY J				ARIOS H. CONTRERAS			
	5 S. LEJEUNE ROAD, PH-1C			82 Street Add	ress (P.O. Box Number is Not Accept	able)		
COF	RAL GABLES FL 33134			20 N.W	124TH AVENUE			<del></del>
				83				
				84 City		_, 8	5 Zip (	ode
				MIA	MI	FL  °	3318	
11. Pursuant to	o the provisions of Sections 607.0:	502 and 607.1508, Florida Sta	tutes, the a	bove-named corp	poration submits this statement for the	purpose of cha	anging its	registered
			に ないけかへいさん	d by the corpora		աշխանագ <b>արի</b> սում	Inchicas i	agistered
agent. I an	n film (ar with, and accept the obl	ligations of Section 607.0505,	is authorize Florida Sta	d by the corpora tutes.		i = I		
	polistered agent, or both, in the Stan fulfillar with and accept the obl	ligations of, Section 607.0505,	is authorize Florida Sta	d by the corpora tutes.		128/98		
SIGNATURE )	Signature, typed or profest forme of respectively	Cother al (N) Applicable (N)	IOTF Registere		red whon reinstating)	28 9 8		
SIGNATURE	Carlos H. Signature, typed or pridest name of respectived a OFFICERS A	COVI Leval agent and lice if applicable (N ND DIRECTORS	IOTF Registere	d Agent s gnature requi	ted when reinstaling)  ADDITIONS/CHANGES TO OFF	28 98 DATE ICERS AND DI	RECTOR	S IN 12
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indicated on this annual report of 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 a 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.

CARLUS N. CONTRECAS

GNATURE:

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