

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

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Jul 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000035443 (5)

1. Corporation Name

ESOIL 1-27-45-0036 CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2655 S LEJEUNE RD PH 1-C CORAL GABLES FL 33134		Mailing Address 2655 S LEJEUNE RD PH 1-C CORAL GABLES FL 33134	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent ESTEVEZ, ANTHONY J 2655 S LEJEUNE RD PH 1-C CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	Change Addition	
NAME	12 NAME	Change Addition	
STREET ADDRESS	13 STREET ADDRESS	Change Addition	
CITY-ST-ZIP	14 CITY-ST-ZIP	Change Addition	
TITLE	21 TITLE	Change Addition	
NAME	22 NAME	Change Addition	
STREET ADDRESS	23 STREET ADDRESS	Change Addition	
CITY-ST-ZIP	24 CITY-ST-ZIP	Change Addition	
TITLE	31 TITLE	Change Addition	
NAME	32 NAME	Change Addition	
STREET ADDRESS	33 STREET ADDRESS	Change Addition	
CITY-ST-ZIP	34 CITY-ST-ZIP	Change Addition	
TITLE	41 TITLE	Change Addition	
NAME	42 NAME	Change Addition	
STREET ADDRESS	43 STREET ADDRESS	Change Addition	
CITY-ST-ZIP	44 CITY-ST-ZIP	Change Addition	
TITLE	51 TITLE	Change Addition	
NAME	52 NAME	Change Addition	
STREET ADDRESS	53 STREET ADDRESS	Change Addition	
CITY-ST-ZIP	54 CITY-ST-ZIP	Change Addition	
TITLE	61 TITLE	Change Addition	
NAME	62 NAME	Change Addition	
STREET ADDRESS	63 STREET ADDRESS	Change Addition	
CITY-ST-ZIP	64 CITY-ST-ZIP	Change Addition	

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

CR2E034 (10/97)