

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

FILED
Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000062777 (2) 1. Corporation Name: ESPAR CORPORATION			
Principal Place of Business P.O. BOX 523857 MIAMI FL 33152		Mailing Address P.O. BOX 523857 MIAMI FL 33152	
2. Principal Place of Business: 21 1630 NW 108 AVE. Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33172 Country 25 USA		2a. Mailing Address: 26 PO Box 523857 Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33152 Country 30 USA	
9. Name and Address of Current Registered Agent EMORY, HOWARD B 1 DATRAN CENTER, STE. 910 9100 S. DADELAND BLVD. MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 type for printed name of registered agent and, if applicable, (Name Registered Agent's signature required when reinstating) DATE _____)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ESCALANTE, OLGA	1.2 NAME	
STREET ADDRESS	P.O. BOX 523857	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARET, LEONOR K	2.2 NAME	
STREET ADDRESS	P.O. BOX 523857	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33152	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1997	
4. FEI Number 65-0798833	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

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.

SIGNATURE: *Leonor K Paret* *Leonor K Paret* 06/12/98 4309306

CR2E034 (10/97)