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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000068549 (9)

FILED Jan 30 1998 8:00am Secretary of State

ESFERA CORP.											1 480 1800 418 1811: 1801: 8011 8011 8011 8011 8011	
Principal Place of Business Mailing Address											T ABB TORBIT ATT THE TOTAL TOREN TO SELECT TO SELECT THE SELECT PROPERTY OF THE SELECT PROP	
55 OCEAN LANE DRIVE APT 2030 55 OCEAN LANE DRIVE AP								0				
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149							ı				DO NOT WRITE IN THIS SPACE	
											3. Date Incorporated or Qualified	٦
											08/07/1997	1
2. Principal Place of Business					2a. Mailing Address						4. FEI Number Applied For]
21				26	_ 						N/A Not Applicable	<u>၂</u>
_					Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Additional	
22	22 City & State				Crty & State						Fee Required	\dashv
23				20	28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	Zip	ip Country						Country			This corporation owes or has paid the current year Intangible	┨
24	- -	25			<u>├</u> ─ा, '			, O			Personal Property Tax due June 30. Yes No	
			and Address of Curren		tered Agen	t	1771	Γ			10. Name and Address of New Registered Agent	1
	CAI	LVO, LIZAE	SETH F					81	Name			
			N BLVD SUITE 226					82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	┨
KEY BISCAYNE FL 33149								Oli Bet Addi			V. (C.) Bon Hall bon to the Hall bon bon to the Hall bon bon to the Hall bon	
								83				
								84	City		85 Zip Code	┥
											<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nat office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	agent. I ar	m fam iliar wi	th, and accept the obliga	ations of	, Section 60	07.0505, Flo	rida Sta	tutes	i	.'		
SIG	SNATURE .	51			d and the state	M. (1/01/	. D. s(1 when reinstating) DATE	
12.		Signature, typeo	or printed name of registered age: OFFICERS AND			- flacin	13.	a Age	n signature	roquilou	1 when roinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITL		PD				DELETE	1.1 T	ITLE		\Box	Change Addition	7
NAN	1E	PALEY,	MARCOS ABRAHAM				1.2 N	IAME				
STREET ADDRESS 55 OCEAN LANE DRIVE APT 2				2030	030			1.3 STREET ADDRESS				-
CITY	-ST-ZIP		CAYNE FL 33149				140	:ITY - \$1	T-ZIP			
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CITY	-ST-ZIP						4.4 0	OTY-SI	r-7IP			
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STRE	eet address						5.3 S	TREET	ADDRESS		711450	
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TITL		1,				DELETE	6.1 T				3000024174B\$\text{spange \square Addition} \\ -01/30/3801066020	
NAM		-f.					6.2 N		40000000		-01/30/3801066020	
	EET ADDRESS	4							ADDRESS		***150.00	
CITY	-ST-ZIP	•					6.4 0	11Y - ST	I-ZIP	1 Ca	ection 119.07(3)(i), Florida Statutes. I further certify that the information	

il annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an ever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Thinent with an address.