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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069065

Country

9. Name and Address of Current Registered Agent

25

ES-MART MIAMI, INC.

| Prin | cipal | Place | of | Busines |
|------|-------|-------|----|---------|
| CC40 | C M | 112 / | 'n | IDT |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33173

21

22

23

24

Zip

Mailing Address

6648 S.W. 112 COURT MIAMI FL 33173

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90117 006 ***150.00



| | DO NOT WRITE IN THIS SPACE | | | |
|-----------|---|---|--|--|
| | Date Incorporated or Qualifed 08/08/1997 | | | |
| | 4, FEI Number | Applied For | | |
| | 65-0774640 | Not Applicable | | |
| | 5. Certificate of Status Desired | \$8.75 Additional Fee Required \$5.00 May Be Added to Fees | | |
| | 6. Election Campaign Financing Trust Fund Contribution | | | |
| Country , | 8. This corporation owes the current year Intangible | | | |

Personal Property Tax.

ARGUELLO, ANA L 6648 S.W. 112 COURT **MIAMI FL 33173**

| | 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 | |

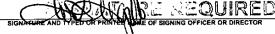
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505 Florida Statutes.

30

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature requi | |
|----------------|--|----------------------------------|---|
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARGUELLO, ANA L | 1.2 NAME | |
| STREET ADDRESS | 6648 S.W. 112 COURT | 1.3 STREET ADDRESS | |
| CfTY-ST-ZfP | MIAMI FL 33173 | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | DELETE | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3 4. CITY- ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4, 2 NAME | |
| STREET ADDRESS | 18 48 W. 44 10 4127 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ OELETÉ | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZiP | | 5.4 CITY-ST-ZIP | |
| TITLE | DELETE | 6.1 TITLE | Change Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | , | 6.4 CITY-ST-ZIP | |

14. 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, with all other like empowered.

SIGNATURE:



CR2E034 (11/98)

□No