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

POCUMENT # P97000076586 (1)

ESTELSY CORPORATION

FILED Feb 11 1998 8:00am Secretary of State

					1848 NI AL BURL 1848 AND 1831
Principal Place	e of Business	Mailing Address			FB [8 01] 01 01101 10110 0111 1001
		10788 CORAL WAY			
		MIAMI FL 33165		DO NOT WRITE IN THE	COACE
				3. Date Incorporated or Qualified	S SPACE
				09/04/1997]
2. Principal Pl	lace of Business	26. Mailing Address		4. FEI Number	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27	· · · · · · · · · · · · · · · · · · ·		Fee Required
├─┐ /		⊢¬ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	This corporation owes or has paid the corporation of the corporat	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent
TRI	AY, CARLOS A		81 Name		
999 PONCE DE LEON BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#1110			83		
CORAL GABLES FL 33134					
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	ules, the above-named co	reporation submits this statement for the nurness	of changing its registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obj	te of Florida, Such change was	s authorized by the corpora Florida Statutes.	ation's board of directors. I hereby accept the a	opointment as registered
CICNIATURE		//	30/98		
	Signature, typed or printed name of registered		OTF Registered Agent signature req		UD DIDECTORS IN 10
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PSTD PEREZ, REINA		1.2 NAME		E Primingo P Primingo
NAME STREET ADDRESS	10788 CORAL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CHY-ST-ZIP		
TITLE	1771 III. 1 2 00 (00	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CiTY-ST-7IP		
TITLE		L_ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP		DELETE	3.4. CHY-SI-ZIP 4.1 TILE		Change Addition
TITLE NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Charige 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 NAMF		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		50 All (20	6.4 CITY- ST-7IP	Section 110 07(3)(i) Florida Statutos I furibor	cortify that the information

14. Thereby 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 informatio 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or or an attachment with an address.

MANATURE // CINA Peres

2/3/98 304-865-7969