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

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90032 027 ***150.00

DOCUMENT # **P97000104054**

1. Corporation Name
ESOIL 1-27-45-0070 CORPORATION

Principal Place of Business	Mailing Address
~~2655 S. LEJEUNE RD. STE. PH 1 C~~ ~~CORAL GABLES FL 33134~~	~~2655 S. LEJEUNE RD. STE. PH 1 C~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1997

2. Principal Place of Business	2a. Mailing Address
21 12398 S.W. 82nd Ave	26 12398 S.W. 82nd Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33156 Country 25	Zip 29 33156 Country 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~ESTEVEZ, ANTHONY J~~ ~~2655 S. LEJEUNE RD. STE. PH 1 C~~ ~~CORAL GABLES FL 33134~~	81 Name: Lenard H. Gorman 82 Street Address (P.O. Box Number is Not Acceptable): 2655 Lejeune Rd 83: PH1-D 84 City: Coral Gables FL 85 Zip Code: 33146

11. Pursuant to the provisions of Section 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 _____ Lenard H. Gorman 2/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ESTEVEZ, ANTHONY J~~ ~~2655 S. LEJEUNE RD. STE. PH 1 C~~ ~~CORAL GABLES FL 33134~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D- Isabel Fontecilla 12398 S.W. 82nd Ave Miami, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P, S, T. CARLOS FONTECILLA 12398 S.W. 82nd AVE Miami, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Carlos Fontecilla 2/23/99 (305) 255-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)