


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90088 012 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000000065

1. Corporation Name
ESV ENTERPRISES, INC.

Principal Place of Business 7027 TAFT ST HOLLYWOOD FL 33024	Mailing Address 7027 TAFT ST HOLLYWOOD FL 33024
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1997

4. FEI Number 65-0802022	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 7021 TAFT STREET Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD, FLORIDA Zip 24 33024 Country 25 USA	2a. Mailing Address 26 7021 TAFT STREET Suite, Apt. #, etc. 27 City & State 28 HOLLYWOOD, FLORIDA Zip 29 33024 Country 30 USA
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9. Name and Address of Current Registered Agent

SILVIA B.
7179 PEMBROKE RD
PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name SILVIA VALDES	82 Street Address (P.O. Box Number is Not Acceptable) 4338 SW 48TH COURT	83	84 City FORT LAUDERDALE	85 Zip Code 33314
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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

Silvia Valdes Secretary/Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, ERNESTO	1.2 NAME	
STREET ADDRESS	4338 SW 48TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, SILVIA	2.2 NAME	
STREET ADDRESS	4338 SW 48TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Silvia Valdes Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/11/99 (954) 983-5710
Daytime Phone #

CR2E034 (11/98)

0144573