FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25268** **(1)**

1. Corporation Name
ESPHINTER CORP.

Principal Place of Business	Mailing Address
1121 CRANDON BLVD. APT. E 405 KEY BISCAYNE FL 33149-2742	1121 CRANDON BLVD. APT. E 405 KEY BISCAYNE FL 33149-2742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/15/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **65-0348234** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. The corporation has elected to be governed by the provisions of Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

AGUILAR
AQUILAR, MANUEL A.
10205 S.W. 2ND STREET
MIAMI FL 33174

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 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: [signature] 4/13/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE: D NAME: MARGUEZ, GLADYS STREET ADDRESS: 1121 CRANDON BLVD #E405 CITY, ST, ZIP: KEY BISCAYNE FL	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/13/95 — 266-7944
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0161954 CP