

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG -1 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S64796 (3)**

1. Corporation Name

**ESMERALDA INVESTMENT CORPORATION**

Principal Place of Business

Mailing Address

6839 S.W. 114 PL. #D  
MIAMI FL 33173

6839 S.W. 114 PL. #D  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/02/1991** 3a. Date of Last Report **08/04/1994**

4. FEI Number **65-0276911** Applied For  Not Applicable

5. Certificate of Status Desired  **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SORIA, ANA B  
6537 S.W. 116 PL. #B  
MIAMI FL 33173**

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.

SIGNATURE

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  
NAME **CLOSAS, CARLOS A**  
STREET ADDRESS **6839 SW 114TH PL #D**  
CITY - ST - ZIP **MIAMI FL 33173**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

SIGNATURE: *Carlos Closas* **Carlos Closas**, 07/27/95 939-2350.  
DATE (Type in Year)

CR2E034 (3/95)