

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Whitman
Secretary of State
Tallahassee, Florida 32399-0001

05 MAY 22 11:10:15

DOCUMENT # **V21477 (7)**
1. Corporation Name
EST SERVICES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 17070 COLLINS AVENUE SUITE 231 MIAMI BEACH FL 33160
Mailing Address: 17070 COLLINS AVENUE SUITE 231 MIAMI BEACH FL 33160

Do Not Write In This Space

3. Date incorporated in Florida: **03/10/1992**
3a. Date of Last Report: **04/27/1994**

2. Principal Office of Directors: 21. 501 Golden Isles Drive
26. Mailing Address: 26. 501 Golden Isles Drive

4. FEI Number: **65-0319850**
Applied For:
Not Applicable:

22. Suite Address: Suite 203D
27. Suite Address: Suite 203D

5. Certificate of Status: **\$8.75 Additional Fee Required**

23. City, State: **HALLANDALE, FLA.**
28. City, State: **HALLANDALE, FLA.**

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

24. ZIP: **33009**
25. Country: **U.S.A.**
29. ZIP: **33009**
30. Country: **U.S.A.**

8. This corporation has failed, for reasons set forth in (1993) Florida Statute: (a) (b)

9. Name and Address of Current Registered Agent
HAIM, ROBERTO
17070 COLLINS AVENUE
SUITE 231
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81. Name: **HAIM ROBERTO**
82. Street Address: **501 GOLDEN ISLES DRIVE**
83. Suite Address: **SUITE 203D**
84. City, State: **HALLANDALE, FLA FL**
85. ZIP: **33009**

11. I, the undersigned, have prepared this report in accordance with Florida Statutes. I have examined the corporation's books and records and have prepared this statement for the purpose of complying with the provisions of the Florida Statutes. I have prepared this report in accordance with the provisions of the Florida Statutes. I have prepared this report in accordance with the provisions of the Florida Statutes.
Signature: *Robert Haim* Name: **Robert Haim** Date: **6/15/95**

12. DIRECTOR, CHAIRMAN, SECRETARY, AND TREASURER

NAME	DP	HAIM, ROBERTO
STREET ADDRESS		17070 COLLINS AVE., #231
CITY, STATE		MIAMI BEACH FL
NAME	DS	MITRANI, ELIAS
STREET ADDRESS		17070 COLLINS AVE., #231
CITY, STATE		MIAMI BEACH FL
NAME	DV	YANOWITZ, SIDNEY B.
STREET ADDRESS		17070 COLLINS AVE., #231
CITY, STATE		MIAMI BEACH FL
NAME		
STREET ADDRESS		
CITY, STATE		
NAME		
STREET ADDRESS		
CITY, STATE		

13. ADDITIONAL CHAIRMAN, SECRETARY, AND TREASURER

NAME	DP	HAIM ROBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		501 GOLDEN ISLES DRIVE SUITE 203D	
CITY, STATE		HALLANDALE, FLA., 33009	
NAME	DS	MITRANI ELIAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		501 GOLDEN ISLES DRIVE SUITE 203D	
CITY, STATE		HALLANDALE, FLA. 33009	
NAME	DV	YANOWITZ SIDNEY B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		501 GOLDEN ISLES DRIVE SUITE 203D	
CITY, STATE		HALLANDALE, FLA 33009	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, STATE			
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY, STATE			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the corporation stated in Section 11 of the Florida Statutes. Further, I 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. I am not an officer or director of the corporation or the treasurer or treasurer empowered to file into this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or corrected from its original address.

SIGNATURE: *Robert Haim* Name: **Robert Haim**

5/15/95 (305) 456-8664

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FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

MAY 22 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V22250** (7)
FEDERAL MOBIL, INC.

Principal Office: 599 N FEDERAL HIGHWAY, POMPANO BEACH FL 33062
Mailing Address: 599 N FEDERAL HIGHWAY, POMPANO BEACH FL 33062

PLEASE WRITE IN THIS SPACE

3. Date incorporated or organized: **03/18/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Office Telephone	2a. Mailing Address	4. F.I. Number	Applicable For
21	26	65-0323716	Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contributions	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

DURU, CUNEYD
599 N FEDERAL HIGHWAY
POMPANO BEACH FL 33062

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. This report is the preparation of Sections 190, 191(a), and 192 of the Florida Statutes. The officer named herein is not liable for the preparation of this report for the purpose of changing its registered office or name. Any report or entry 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 hereby resigning as registered agent of the corporation of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	DURU, CUNEYD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	599 N FEDERAL HWY	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	POMPANO BEACH FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. ZIP	33062	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. STATE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the corporation stated in Sections 190, 191(a), and 192 of the Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. This information is for the use of the corporation or the Division of Corporate Affairs and is not intended to be used for any other purpose. I understand that the information supplied on this report is required by Chapter 190, Florida Statutes, and that my name appears on this report as required by law.

SIGNATURE: X

SIGNATURE AND PRINTED NAME OF SIGNER OR REGISTERED AGENT

Cuneyd Duru

X MAY 18 1995 (205) 343-9018