

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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **801 GOLDEN ISLES DRIVE SUITE 203D HALLANDALE FL 33009 US**

Mailing Address: **501 GOLDEN ISLES DRIVE SUITE 2034 HALLANDALE FL 33009-4729 US**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

3. Date Incorporated or Qualified: **03/10/1992**

3a. Date of Last Report: **04/16/1996**

4. FEI Number: **65-0319850**

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HAIM, ROBERTO**  
**501 GOLDEN ISLES DRIVE**  
**SUITE 203D**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAIM, ROBERTO	
STREET ADDRESS	501 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MITRANI, ELIAS	
STREET ADDRESS	501 GOLDEN ISLES DRIVE, SUITE 203D	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	YANOWITZ, SIDNEY B.	
STREET ADDRESS	501 GOLDEN ISLES DRIVE, SUITE 203D	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1,2 NAME	
1,3 STREET ADDRESS	
1,4 CITY-ST-ZIP	
2,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2,2 NAME	
2,3 STREET ADDRESS	
2,4 CITY-ST-ZIP	
3,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3,2 NAME	
3,3 STREET ADDRESS	
3,4 CITY-ST-ZIP	
4,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4,2 NAME	
4,3 STREET ADDRESS	
4,4 CITY-ST-ZIP	
5,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5,2 NAME	
5,3 STREET ADDRESS	
5,4 CITY-ST-ZIP	
6,1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6,2 NAME	
6,3 STREET ADDRESS	
6,4 CITY-ST-ZIP	

14. I do 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 reports 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 any attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)