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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V27087 (8)

1. Corporation Name
ESI ANTILLES, INC.



Principal Place of Business
11760 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408
US

Mailing Address
11760 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408-3029
US

3. Date Incorporated or Qualified
04/06/1992

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0329150

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, J E
9250 W. FLAGLER ST.
MIAMI FL 33174

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GELBER, LESLIE J
STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408

1.1 TITLE V
1.2 NAME ALFONSO, ADALBERTO
1.3 STREET ADDRESS 11760 US HIGHWAY ONE, SUITE 600
1.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE TD
NAME MCGRATH, ROBERT L
STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE V
NAME FRIES, WILLIAM A
STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE V
NAME LEIGHTON, MICHAEL L
STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408

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

TITLE D
NAME HOFFMAN, KENNETH P
STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S
NAME CARPENTER, FRANCES M
STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408

6.1 TITLE
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 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.

SIGNATURE: Frances M. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/97
Date

561-691-3500
Daytime Phone #

CR2E034 (9/96)