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 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V52686** **(5)**

1. Corporation Name
ESAC ASSOC. INC.

Principal Place of Business	Mailing Address
9369 FOUNTAINBLEU BLVD. APT. J-205 MIAMI FL 33172	9369 FOUNTAINBLEU BLVD. APT. J-205 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1906 S.W. 123 AVE.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL
24: Zip: 33175 25: Country

2a. Mailing Address
26: 1906 S.W. 123 AVE.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33175 30: Country

4. FEI Number: 65-0349054 ☐ 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

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

9. Name and Address of Current Registered Agent

ARRIAZA, EDUARDO
9369 FOUNTAINBLEAU BLVD.
APT. J-205
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: EDUARDO ARRIAZA
82 Street Address (P.O. Box Number Is Not Acceptable): 1906 S.W. 123 AVE.
83:
84 City: MIAMI FL 85 Zip Code: 33175

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ARRIAZA, EDUARDO	12 NAME	ARRIAZA, EDUARDO	
STREET ADDRESS	9369 FOUNTAINBLEU BLVD.	13 STREET ADDRESS	1906 S.W. 123 AVE.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33175	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	CLARES-ARRIAZA, SANDRA	22 NAME	CLARES-ARRIAZA, SANDRA	
STREET ADDRESS	9369 FOUNTAINBLEU BLVD.	23 STREET ADDRESS	1906 S.W. 123 AVE.	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33175	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do 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)(k), 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 above, or on an attachment with an address.

SIGNATURE: _____ PRESIDENT 4/26/95 (305) 559-6263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDUARDO ARRIAZA

0188002 CP