

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

FILED
Mar 12 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # V52686 (5)
1. Corporation Name
ESAC ASSOC. INC.



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| Principal Place of Business 1906 S.W. 123 AVE APT. J-205 MIAMI FL 33175 US | Mailing Address 1906 SW 123 AVE APT. J-205 MIAMI FL 33175 US |
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DO NOT WRITE IN THIS SPACE

| | | |
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| 2. Principal Place of Business 21 1906 S.W. 123 AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33175 Country 25 US | 2a. Mailing Address 26 1906 S.W. 123 AVE Suite, Apt. #, etc. 27 NO! City & State 28 MIAMI, FL Zip 29 33175 Country 30 US | 3. Date Incorporated or Qualified 07/20/1992 4. FEI Number 65-0349054 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent ARRIAZA, EDUARDO 1906 S.W. 123 AVE. APT. J-205 MIAMI FL 33175 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|----------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| PD | ARRIAZA, EDUARDO | | |
| 1906 S.W. 123 AVE. | | 1.3 STREET ADDRESS | |
| MIAMI FL | | 1.4 CITY-ST-ZIP | |
| SD | CLARES, ARRIAZA S | 2.1 TITLE | |
| 1906 S.W. 123 AVE. | | 2.2 NAME | |
| MIAMI FL | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| | | 3.1 TITLE | |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | |
| | | 4.2 NAME | |
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| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I 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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

CFR2E034 (1097)