

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L83955** (9)  
1. Corporation Name  
**EMERALD ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**XXXXXX** **XXXXXX**  
**350 SW 9 ST. #205** **350 SW 9 ST. #205**  
**MIAMI FL 33135** **MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/26/1990** 3a. Date of Last Report **04/01/1994**  
4. FEI Number **65-0202912** 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

2. Principal Place of Business 2a. Mailing Address  
21 **100 W. 49TH ST.** 26 **100 W. 49TH ST.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **HIALEAH, FL.** 27 **HIALEAH, FL.**  
City & State City & State  
24 **33012** 25 **USA** 29 **33012** 30 **USA**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**CASTILLO, ALEX**  
**520 EAST 44TH ST.**  
**HIALEAH FL 33013**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resubmitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTILLO, GUILLERMO</b>	1.2 NAME	
STREET ADDRESS	<b>7845 NE BAYSHORE CT # 5</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTILLO, HELVIA E</b>	2.2 NAME	
STREET ADDRESS	<b>520 EAST 44TH ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, DELIA E</b>	3.2 NAME	
STREET ADDRESS	<b>520 EAST 44TH ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VPD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTILLO, ALEX E.</b>	4.2 NAME	
STREET ADDRESS	<b>520 EAST 44TH STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>MD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTILLO, LUISA</b>	5.2 NAME	<b>Castillo, Luisa, Resigned</b>
STREET ADDRESS	<b>732 E 31ST ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>MD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>CASTILLO, ARTURO</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>7845 N.E. BAYSHORE CT. #5</b> <b>MIAMI, FL. 33138</b>

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 110.07(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 (if changed) on an attachment with an address.

SIGNATURE: \_\_\_\_\_ PRES. 03/12/95 305) 821-5154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date