

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L83955** (9)

1. Corporation Name
EMERALD ENTERPRISES, INC.



Principal Place of Business: **100 W. 49TH ST. HIALEAH FL 33012 US**
Mailing Address: **100 W. 49TH ST. HIALEAH FL 33012 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
3. Date Incorporated or Qualified: **06/26/1990**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0202912**
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

g. Name and Address of Current Registered Agent
**CASTILLO, ALEX
520 EAST 44TH ST.
HIALEAH FL 33013**

10. Name and Address of New Registered Agent (81-84)
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 607.1505, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	CASTILLO, GUILLERMO	7845 NE BAYSHORE CT # 5	MIAMI FL	<input type="checkbox"/> DELETE
TITLE	SD	CASTILLO, HELVIA E	520 EAST 44TH ST.	HIALEAH FL	<input checked="" type="checkbox"/> DELETE
TITLE	TD	ROMERO, DELIA E	520 EAST 44TH ST.	HIALEAH FL	<input checked="" type="checkbox"/> DELETE
TITLE	VPD	CASTILLO, ALEX E.	520 EAST 44TH STREET	HIALEAH FL	<input type="checkbox"/> DELETE
TITLE	MD	CASTILLO, ARTURO	7845 NE BAYSHORE CT #5	MIAMI FL	<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	ISABEL LLAURADO	301 174 ST. #1220	MIAMI BEACH, FL. 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	ESCORCIA, HELVIA P.	520 E. 44TH ST.	HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	CASTILLO, DELIA E.	520 E. 44TH ST.	HIALEAH, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *Isabel Llaurado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isabel Llaurado, C/D. 01/31/96
305) 558-0859

CR2E034 (12/95)