

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

0128035

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 039 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L83955

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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified 06/26/1990	Applied For Not Applicable
4. FEI Number 65-0202912	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~X~~ CASTILLO, ALEX
~~X~~ 520 EAST 44TH ST.
~~X~~ HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name CASTILLO, GUILLERMO	
82 Street Address (P.O. Box Number is Not Acceptable) 7845 N.E. BAYSHORE CT. #5	
83 MIAMI, FL. 33138	
84 City MIAMI	85 Zip Code FL 33138

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE **03-27-99**

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESCORCIA, HELVIA P.	
STREET ADDRESS	520 E 44TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASTILLO, DELIA E.	
STREET ADDRESS	520 E 44TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASTILLO, ALEX E.	
STREET ADDRESS	520 EAST 44TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LLAURADO, ISABEL	
STREET ADDRESS	301 174 ST #1220	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CASTILLO, GUILLERMO	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	7845 NE BAYSHORE CT. #5, MIAMI, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	/33138	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Isabel Laurado DATE: 03-27-99 DAYTIME PHONE #: 305-558-0859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (1/198)