

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M42425** (2)  
1. Corporation Name  
**EMILY INVESTMENTS, INC.**



Principal Place of Business: **4702 S.W. 74 AVENUE MIAMI FL 33155**  
Mailing Address: **4702 S.W. 74 AVENUE MIAMI FL 33155**

2. Principal Place of Business:  
21 State Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

3. Date of Incorporation or Qualification: **12/01/1986**  
3a. Date of Last Report: **02/14/1995**  
4. FIC Number: **59-2742494**  
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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent  
**SHARE, LESLIE A.  
1500 SAN REMO  
CORAL GABLES FL 33146**

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 609.01(1)(b) and 609.01(1)(c), Florida Statutes, the above named corporation is subject to the requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida to file this report with the Department of State. I hereby accept the appointment as registered agent. I am familiar with and accept the description of this tax under s. 199.032, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETED
NAME	CANTOR, ALBERTO	
STREET ADDRESS	1500 SAN REMO AVE, #125	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETED
NAME	CANTOR, MIGUEL	
STREET ADDRESS	1500 SAN REMO AVE, #125	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETED
NAME	CANTOR, JUAN	
STREET ADDRESS	1500 SAN REMO AVE, #125	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct and does not apply for the example stated in Section 199.01(3)(a), Florida Statutes. I further certify that the information provided on this annual report or supplemental annual report is true and correct 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 as of the date of the filing of this report and I am not the subject of a suspension or disqualification imposed by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or to be added to the list of officers and directors.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-3060003

CR2E034 (12/95)