


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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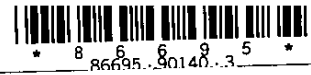
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000585
1. Corporation Name
EMS RESOURCES, INC.

Principal Place of Business: 2350 CORAL WAY, SUITE 301 MIAMI FL 33145
Mailing Address: 2350 CORAL WAY, SUITE 301 MIAMI FL 33145



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		02/03/1997	
22	City & State	27	City & State	4.	FEI Number-	Applied For
	Zip	28	Zip		65-0783915	Not Applicable
23	Country	29	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	30	Country		<input checked="" type="checkbox"/>	
				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent
TELLECHEA, ESTHER
2350 CORAL WAY, SUITE 301
MIAMI FL 33145

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ, FAUSTO B	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TELLECHEA, ESTHER B	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TELLECHEA, MIGUEL A	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOMEZ, ALINA M	
STREET ADDRESS	2350 CORAL WAY, SUITE 301	
CITY-ST-ZIP	MIAMI FL 33145	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 617, 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: ESTHER TELLECHEA 2/6/99 (305) 860-0780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)