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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

 Corporatio 	n Name	" 1 33000		,			
EMBAS	SY ACQU	ISITION CORP.					
						A TARAHARA ISA KRIAT BIRTU BANJU BANJU BANJU BANJU BANJU	! #!# ! 1: ## ! ! # !! ##!## !!!! ! ##!
							:
Principal Place of Business Mailing Address						i (2011-20) (19 1916) Gilli Gilli Gilli Colli Colli	inibi isade idili Adion (lei indi
1428 BRICKELL AVE 1428 BRICKELL AVE							
SUITE 105	184		SUITE 105	*		DO NOT WRITE IN TH	IS SPACE
MIAMI FL 33131 MIAMI FL 33131						3. Date Incorporated or Qualified	
						11/30/1995	
2. Principal P	lace of Busine	ess	2a. Mailing Address		4. FEI Number	Applied For	
21			26			65-0643773	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22			27		G. Continuate of Claus Desired	Fee Required	
City & State	0		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country			Zip Country		 	Trust Fund Contribution	Added to Fees
_	••••		├ ┐		1	 This corporation owes or has paid the operation of the personal Property Tax due June 30. 	current year Intangible Yes No
24 25 29 30 9, Name and Address of Current Registered Agent						10. Name and Address of New Registere	
LIA				81	Name		
HALPRYN, GLENN 1428 BRICKELL AVE					D) (A 4 4	(DO D. Alesteria No. 4	
SUITE 105					Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131							
inispen (C 00 10)					07		1051 7: 0-4-
					City	F	85 Zip Code
11. Pursuant t	to the provision	ons of Sections 607.0502	and 607.1508, Florida Statu	ites, the abovi	e-named corp	poration submits this statement for the purpose	of changing its registered
office or re agent. I a	egi ster od age m familiar with	ent, or both, in the State c n, and accept the obligat	i Florida. Such change was ions of, Section 607.0505, F	authorized by Iorida Statute:	/ the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE Re					iuper erutangia Ine	red when reinstating) DATE	
12.	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	PD Halpryn, Glenn L		E DECENE	1.1 IFILE 1.2 NAME			Change Addition
STREET ADDRESS		CKELL AVE STE 105		1.3 STREET	1000000		
City-ST-ZIP	MIAMI FL				· · · · · ·		
TITLE	VPDT		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change ☐ Addition
NAME	BRUMFIELD, CRAIG A		—	22 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL			2. 4 CiTY-			
TITLE	VPDS		☐ DELETE	3.1 TITLE			Change Addition
NAME	STEIN, RONALD M			3.2 NAME	1		
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL			3.4. CITY-ST-ZIP			7-1
TITLE	D DELETE		4.1 TITLE			Change Addition	
NAME	DRESNICK, MD STEPHEN J			4. 2 NAME			İ
STREET ADDRESS	10000 0 1120 112 012 100			4.3 STREET			
CITY-ST-ZIP		iables f <u>l</u>	DELETE	4.4 CiTY - S	T-ZIP		Change Addition
TITLE	D L Marshak, andrew			5.1 TITLE			CHARDS CT MODI(IDD)
NAME OTOGET ADDOGEGO				5.2 NAME	40000000		
STREET ADDRESS	MIAMI FL	CKELL AVE STE 105		5.3 STREET			
CITY-ST-ZIP TITLE	MIMMI FL		DELETE	5.4 CITY - S 6.1 TITLE	1 - ZIP		Change Addition
NAME			Land Occord	6.2 NAME	}		
STREET ADDRESS				6.3 STREET	ADDRESS		

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.

6.4 City-St-ZiP

FILED

Feb 23 1998 8:00am

Secretary of State