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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000056652**

1. Corporation Name
EL EMPORIO, CORP.



Principal Place of Business
**118 EAST FLAGLER STREET
 MIAMI FL 33131**

Mailing Address
**782 NW LE JEUNE RD., STE. 434
 MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **248 E FLAGLER STREET**

26 **118 E FLAGLER STREET**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI FLORIDA

MIAMI FLORIDA

24 Zip

25 Country

29 Zip

30 Country

33131 U.S.A.

33131 U.S.A.

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

94-3327466

Applied For

Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, ANTONIO R
 782 NW LE JEUNE RD., STE. 434
 MIAMI FL 33126**

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** DELETE
 NAME **SOFOBICH, GUSTAVO**
 STREET ADDRESS **16400 COLLINS AVE., #2344**
 CITY-ST-ZIP **M. BEACH FL 33160**

1.1 TITLE **PRESIDENT** Change Addition
 1.2 NAME **GUSTAVO SOFOVICH**
 1.3 STREET ADDRESS **16400 COLLINS AVE #2344**
 1.4 CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **DP** DELETE
 NAME **FIORE, JOSE**
 STREET ADDRESS **17021 N. BAY RD. #206**
 CITY-ST-ZIP **MIAMI FL 33160**

2.1 TITLE **VICEPRESIDENT** Change Addition
 2.2 NAME **JOSE FIORE**
 2.3 STREET ADDRESS **17021 N. BAY RD #206**
 2.4 CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE **DS** DELETE
 NAME **FERREIROS, MARCELO**
 STREET ADDRESS **400 LESLIE DR. #1025**
 CITY-ST-ZIP **HALLANDALE FL 33009**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, trustee, or empowerer 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 my address, with all other like empowered.

SIGNATURE:

JOSE FIORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99

(305)381-9991
 Date Daytime Phone #

CR2E034 (1/98)