

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 308280

(7)

1. Corporation Name

E. M. E. CORPORATION

Principal Place of Business

1333 MERIDIAN AVENUE
MIAMI BEACH FL 33139

Mailing Address

1333 MERIDIAN AVENUE
MIAMI BEACH FL 33139

1136 NE 210 Terr
MIAMI, FL 33179

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SIMON, DAVID F
5801 BISCAYNE BLVD
MIAMI FL 33137

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in charge of filing agent and state documents

(NOTE: Registered Agent's signature required when filing change)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
DOUNN, EDITH E

[] DELETE

1.1 TITLE

[] Change

[] Addition

NAME

1333 MERIDIAN AVE

1.2 NAME

STREET ADDRESS

MIAMI BEACH FL

1.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI BEACH FL

1.4 CITY-STATE-ZIP

TITLE

SD

[] DELETE

2.1 TITLE

[] Change

[] Addition

NAME

DOUNN, SHELDON T

2.2 NAME

STREET ADDRESS

1333 MERIDIAN AVE

2.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI BEACH FL

2.4 CITY-STATE-ZIP

TITLE

TD

[] DELETE

3.1 TITLE

[] Change

[] Addition

NAME

DOUNN, EDITH E.

3.2 NAME

STREET ADDRESS

1333 MERIDIAN AVE.

3.3 STREET ADDRESS

CITY-STATE-ZIP

MIAMI BEACH FL

3.4 CITY-STATE-ZIP

TITLE

[] DELETE

4.1 TITLE

[] Change

[] Addition

NAME

[] DELETE

4.2 NAME

STREET ADDRESS

[] DELETE

4.3 STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

4.4 CITY-STATE-ZIP

TITLE

[] DELETE

5.1 TITLE

[] Change

[] Addition

NAME

[] DELETE

5.2 NAME

STREET ADDRESS

[] DELETE

5.3 STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

5.4 CITY-STATE-ZIP

TITLE

[] DELETE

6.1 TITLE

[] Change

[] Addition

NAME

[] DELETE

6.2 NAME

STREET ADDRESS

[] DELETE

6.3 STREET ADDRESS

CITY-STATE-ZIP

[] DELETE

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996 (305 885-763)

CR2E034 (12/95)