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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 21 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 399174

(2)

EGR CORPORATION

CITY - \$1 - 20P

SIGNATURE:

Principal Place	2 OF BUSINESS	Mailing Address						•	
420 SOUTH DO CORAL GABLES	KIE HWY SUITE 4B S FL 33146	420 SOUTH DIXIE HWY SUITE 48 CORAL GABLES FL 33146-2291							
						3. Date Incorporated or Qualified 04/13/1972		ate of Last F /25/1996	leport
2. Principa! Pi	ace of Business	2a. Mailing Address				4. FEI Number		[Ar	oplied For
21		26			59-1403238	No	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	?	City & State			6. Election Campaign Financing				
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry	!	8. This corporation has liability for i			i. 199.032,
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent		81	·	10. Name and Address of New Re	gistered	Agent	
Rubin, Michael A					Name				
420 SOUTH DIXIE HWY SUITE 4B CORAL GABLES FL 33146				82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
001	VE CADELO I E CO 110		ŀ	83					
			-	84	City			85 Zip	Code
			<u> </u>		<u> </u>		FL		
office or r	egistered agent or both, in the State on familiar with, and accept the obligat	f Florida. Such change was ons of, Section 607.0505, F	authorized Iorida Statu	i by utes	y the corpora s	poration submits this statement for the pation's board of directors. I hereby acceptived when reinstating)	of the ap	pointment as	registered
12.	OFFICERS AND		1 13.		an algunate requ	ADDITIONS/CHANGES TO OFFIC		ID DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 117	LE	***************************************			☐ Change	Addition
NAME	GONZALEZ, RAFAEL		1.2 NA			•			
STREET ADDRESS	420 S DIXIE HWY SUITE 4B				T ADDRESS				
CHTY- ST - ZIP	CORAL GABLES, FL 00000		1.4 CIT						
TITLE	PSD	DELETE	2.1 TIT		11 211		•	Change	Addition
NAME	RUBIN, MICHAEL A		2.2 NA						_
STREET ADDRESS	420 S DIXIE HWY SUITE 4B				TADDRESS				į
CITY - ST - ZIP	CORAL GABLES, FL 00000				ST - ZIP				
TIT_E	۷T	DELETE		.1 TITLE				☐ Change	Addition
NAME	BLANCO, HERRERA MARTHA 32		3.2 NA	ME					
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS			•		
CITY-ST-7/P	CORAL GABLES, FL 00000		3.4. CI	3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 ไม่ไ				*****	Change	Addition
NAME			4. 2 NA	4ME					
STREET ADDRESS			4.3 ST	REET	T ADDRESS				
CITY - ST - ZIP			4 4 CIT						
THEF		DELETE	5 1 TIT	• • • • • • • • • • • • • • • • • • • •				Change	Addition
NAME			52 NA						
STREET ADDRESS			1		T ADDRESS				
CITY - S1 - ZIP			1		ST-ZIP				
TITLE		DELETE	61 TIT					Change	Addition
NAME			62 NA					-	

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this fiting 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 phalogod, or on an attachment with an address.