

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **427506** (1)

1. Corporation Name  
**EMARDE, INC.**

Principal Place of Business  
**700 N.E. 180TH STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**700 N.E. 180TH STREET  
NORTH MIAMI BEACH FL 33162-1139**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/05/1973</b>	3a. Date of Last Report <b>04/09/1996</b>
21		26		4. FEI Number <b>59-1462832</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MILANO, CONSTANTINE C. 700 N. E. 180TH ST. NO. MIAMI BEACH FL 33162</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANGESH, WILLIAM</b>	1.2 NAME	<b>MILANO, CONSTANTINE C.</b>
STREET ADDRESS	<b>19731 NE 13TH COURT</b>	1.3 STREET ADDRESS	<b>700 N.E. 180TH STREET</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33179</b>	1.4 CITY-ST-ZIP	<b>N.MIAMI BEACH, FL 33162</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, RANDY</b>	2.2 NAME	<b>CARTER, RANDY</b>
STREET ADDRESS	<b>700 N.E. 180TH STREET</b>	2.3 STREET ADDRESS	<b>700 N.E. 180TH STREET</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>N.MIAMI BEACH, FL 33162</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>BONDUEL, SAUNDRA M</b>	3.2 NAME	
STREET ADDRESS	<b>633 NE 167TH ST. #108</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH, FL 33162</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Constantine C. Milano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97  
Date

Daytime Phone #

CR2E034 (9/96)