

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 428493 (1)

1. Corporation Name

EMH CORP.



Principal Place of Business

Mailing Address

8893 SW 129TH STREET  
MIAMI FL 33176

8893 SW 129TH STREET  
MIAMI FL 33176

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

MJF REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

06/18/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1493134

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 signatory (delete as not applicable)

Signature typed or printed name of signatory (delete as not applicable)

DATE

12. OFFICERS AND DIRECTORS

|                 |                |                                 |
|-----------------|----------------|---------------------------------|
| TITLE           | PS             | <input type="checkbox"/> DELETE |
| NAME            | ELLMAN, EILEEN |                                 |
| STREET ADDRESS  | 8893 SW 129 ST |                                 |
| CITY - ST - ZIP | MIAMI FL       |                                 |
| TITLE           | V              | <input type="checkbox"/> DELETE |
| NAME            | ELLMAN, STUART |                                 |
| STREET ADDRESS  | 8893 SW 129 ST |                                 |
| CITY - ST - ZIP | MIAMI FL       |                                 |
| TITLE           | T              | <input type="checkbox"/> DELETE |
| NAME            | ELLMAN, DENNIS |                                 |
| STREET ADDRESS  | 8893 SW 129 ST |                                 |
| CITY - ST - ZIP | MIAMI FL       |                                 |
| TITLE           |                | <input type="checkbox"/> DELETE |
| NAME            |                |                                 |
| STREET ADDRESS  |                |                                 |
| CITY - ST - ZIP |                |                                 |
| TITLE           |                | <input type="checkbox"/> DELETE |
| NAME            |                |                                 |
| STREET ADDRESS  |                |                                 |
| CITY - ST - ZIP |                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EILEEN ELLMAN

5/31/96

305 255 6213

CR2E034 (12/95)