

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

FILED

Mar 26 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 620294
1. Corporation Name
FEMA, INC.

Principal Place of Business
8062 NW 29 ST
MIAMI, FL 33122

Mailing Address
8062 NW 29 STREET
MIAMI, FL 33122

2. Principal Place of Business
21 8062 NW 29 Street
Suite, Apt. #, etc.

2a. Mailing Address
26 8062 NW 29 Street
Suite, Apt. #, etc.

22 City & State
23 Miami FL
24 Zip 33122
25 Country

27 City & State
28 Miami FL
29 Zip 33122
30 Country

3. Date Incorporated or Qualified 04/25/79
3a. Date of Last Report

4. FEI Number 65-1903893
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

9. Name and Address of Current Registered Agent

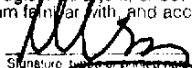
DELGADO, PEDRO P, CPA
1320 S. DIXIE HIGHWAY, #220
CORAL GABLES, FL 33146

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



Pedro P. Delgado, CPA

3/26/97

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME FERNANDEZ, JUAN A.
STREET ADDRESS 16680 NW XX 75 AVENUE
CITY-ST-ZIP MIAMI, FL XXXXXX 33015

TITLE VP
NAME FERNANDEZ, LYNDA
STREET ADDRESS 10607 SW 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE 2ND VP
NAME FERNANDEZ, MARTA
STREET ADDRESS 10607 SW 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE S
NAME FERNANDEZ, LOURDES
STREET ADDRESS 10607 SW 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE T
NAME FERNANDEZ, LESLIE
STREET ADDRESS 10607 SW 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 305-592-3184

CR2E034 (9/96)