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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 693701

(5)

Mailing Address

750 SW 10TH AVE

MIAMI FL 33130-3112

EMMA N. BRONSTEIN, INC.

Principal Place of Business

SIGNATURE:

750 SW 10TH AVE

MIAM! FL 33130

NAME         ROCA, CELSO M.         1.2 NAME           STREET ADDRESS         1000 SW 23RD RD         1.3 STREET ADDRESS           CTY-ST-ZIP         MIAM FL         1.4 CITY-ST-ZIP	
Suite, Apt #, etc    Suite, Apt #, etc   Suite, Apt #, etc   27	For
Security	licable
Trust Fund Contribution Added to Fee Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 1991 ROCA, CELSO M. 1000 SW 23RD RD MIAMI FL 33129  11. Pursuant to the previsions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region of the formation of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region of the formation of Sections 607 0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region of the formation of the obligations of Sections 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as regist agent Lain familiar with, and accept the obligations of Sections 607 0505, Florida Statutes  Signature  12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  19P	
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Strict corporation has liability for intangible tax under s. 1994   Strict corporation has liability for intangible tax under s. 1994   Strict corporation has liability for intangible tax under s. 1994   Strict corporation has liability for intangible tax under s. 1994   Strict corporation submits a strict corporation submits a strict corporation submits this statement for the purpose of changing its regional for registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature	3e
Position   Provided Statutes   Provided Stat	
8. Name and Address of Current Registered Agent  ROCA, CELSO M. 1000 SW 23RD RD MIAMI FL 33129  82 Street Address (P.O. Box Number is Not Acceptable)  83 R4 City  FL 85 Zip Code  11. Pursuant to the previsions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region 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 regist agent to an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature: hybrid or printed name of regists of Japan and the flappicable (NOTE Registered Agent signature required when refinalisting)  DP	J32,
ROCA, CELSO M. 1000 SW 23RD RD MIAMI FL 33129  B2 Street Address (P.O. Box Number is Not Acceptable)  B3   B4 City   FL   85 Zip Code  T1. Pursuant to the previsions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature: Spirid or printed name of 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 regist agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature: Spirid or printed name of register. Japine and line if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS IN  INTE  NAME  SIREET ADDRESS  MIAM FL  DELETE  21 TITLE  Change	
11. Pursuant to the previsions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional form of the prevision of the prevision of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional form of the purpose of change in the purpose o	
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MIAMI FL 33129  84 City  FL 85 Zip Code  11. Pursuant to the previsions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: hybrid or priviled name of registric Japans and time if applicable  12. Of FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITE  PROCA, CELSO M.  12. NAME  SIRIET ADDRESS  CITY-S1-2IP  INTE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-S1-2IP  INTE  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  SHEET ADDRESS	
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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 regional dependence of 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typicd or printed name of registract agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS.  ITHE  DP  Change  1.1 TITLE  PROCA, CELSO M.  1.2 NAME  1.3 STREET ADDRESS  CHY-ST- 2IP  MIAM FL  DELETE  1.4 CHY-ST- 2IP  DELETE  2.1 TITLE  Change  Change	
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Signature_typed or printed name of regions-d agent and tree if applicable   (NOTE: Registered Agent as ignature required when reinstating)   DATE	stered ered
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DP	12
NAME   ROCA, CELSO M.   1.2 NAME     1.3 STREET ADDRESS     1.3 STREET ADDRESS     1.4 CITY-ST-ZIP	Addition
1000 SW 23RD RD	10010018
C-TY - ST - ZIP	
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STHEET ADDRESS 2.3 STREET ADDRESS	AUUILION
C(1Y+S)-7(P)	
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	Addition
NAME 62 NAME	
STREET ADDRESS 8.3 STREET ADDRESS	
6.4 CITY - ST - 7IP	
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 or	

OHSO M. POCA