
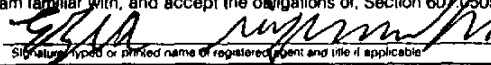
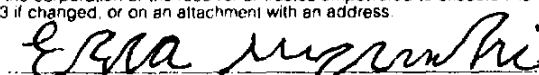


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F 69499 1. Corporation Name <p style="font-size: 1.2em;">Empes Inc.</p>					
Principal Place of Business <p>394 N.W. 24th St. Miami, FL 33127</p>			Mailing Address <p style="text-align: center;">Same</p>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 394 N.W. 24th St. Suite, Apt. #, etc. N/A City & State Miami, FL Zip 33127 Country USA			2a. Mailing Address 26 Same Suite, Apt. #, etc. Same City & State Same Zip Same Country Same		
3. Date incorporated or Qualified <p style="font-size: 1.2em;">2-23-82</p>			4. FEI Number <p style="font-size: 1.2em;">59-2164135</p>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent <p>Ezra Mizrahi 394 N.W. 24th Street Miami, FL 33127</p>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 1. P EZRA MIZRAHI 394 N.W. 24th St. Miami, FL 33127			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 2. V/S SUSAN MIZRAHI 394 N.W. 24th St. Miami, FL 33127			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			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 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.			800002576428 -06/30/98--01071--007 ***8.75		
SIGNATURE: 			800002576428 -06/30/98--01071--006 ***150.00		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6-8-98 (305) 576-5511		

CR2E034 (10/97)

GARCIA, ESPINOSA, MIYARES, & CO.

"A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS"

Certified Public Accountants

Roy A. Garcia, C.P.A.
Rafael A. Espinosa, C.P.A.
Leonardo Miyares, C.P.A.

100 Almeria Avenue, Suite #230
Coral Gables, Florida 33134
Telephone: (305) 529-0345
Fax: (305) 529-5401

May 28, 1998

Florida Department of State
Division of Corporations

RE: EMPES INC.
1998 Corporate Annual Report
Document #: F69499

To Whom It May Concern:

This letter is in reference to EMPES INC.'s Corporate Annual Report. As per my conversation with Jane earlier today, it was brought to our attention that the Department of State has an incorrect address (294 N.E. 24th Street) on file for the business. The company's 1998 original annual report was mailed to the incorrect address. We request that no penalties be assessed due to this error. Please find enclosed a completed 1998 Corporate Annual Report and a check in the amount of \$150.00. Please up date your files with the correct address:

EMPES INC.
394 N.W. 24th Street
Miami, FL 33127-4326

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,
GARCIA, ESPINOSA, MIYARES & CO.



Saily Leon Trujillo
Bookkeeper