

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J57249** (1)

1. Corporation Name  
**ERF, INC.**



Principal Place of Business: **5101 BISCAYNE BLVD. 5101 BISCAYNE BLVD. MIAMI FL 33137 US**  
Mailing Address: **5101 BISCAYNE BLVD. 5101 BISCAYNE BLVD. MIAMI FL 33137 US**

3. Date Incorporated or Qualified: **02/17/1987**  
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21) [Site, Apt. #, etc.]  
22. City & State  
23. Zip (24) Country (25)  
2a. Mailing Address (26) [Site, Apt. #, etc.]  
27. City & State  
28. Zip (29) Country (30)

4. FET Number: **59-2799620**  
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: **WEISS AND MERMANDEZ, P.A. 1401 BRICKELL AVENUE SUITE 300 MIAMI FL 33131**  
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 607.1506, 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	2. 2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	<input type="checkbox"/> DELETE	3. 3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY-STATE-ZIP	<input checked="" type="checkbox"/> DELETE	4. 4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input checked="" type="checkbox"/> DELETE	5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input checked="" type="checkbox"/> DELETE	6. 6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	7. 7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY-STATE-ZIP	<input checked="" type="checkbox"/> DELETE	8. 8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> DELETE	9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	10. 10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	<input type="checkbox"/> DELETE	11. 11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	12. 12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in handprint or on an attachment with an address.

SIGNATURE: **01/26/96** (305) **754-9408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HARISH J. GIHWALA**

CR2E034 (12/95)