

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K91517 (8)**  
 1. Corporation Name  
**STEMA CORPORATION**



Principal Place of Business <b>STEPHEN A. FREEMAN</b> <b>520 BRICKELL KEY DR STE. 305</b> <b>MIAMI FL 33131-2608</b>	Mailing Address <b>STEPHEN A. FREEMAN</b> <b>520 BRICKELL KEY DR STE. 305</b> <b>MIAMI FL 33131-2607</b>
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3. Date Incorporated or Qualified <b>05/30/1989</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>65-0124407</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**  
**FREEMAN, STEPHEN A.**  
**520 BRICKELL KEY DRIVE**  
**STE. 305**  
**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
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANDSBERG, PEDRO G.	
STREET ADDRESS	<del>520 BRICKELL KEY DR 305</del>	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LANDSBERG, TAMARA B.	
STREET ADDRESS	<del>520 BRICKELL KEY DR 305</del>	
CITY-ST-ZIP	MIAMI FL	
TITLE	<del>6</del>	<input type="checkbox"/> DELETE
NAME	FREEMAN, STEPHEN A.	
STREET ADDRESS	520 BRICKELL KEY DR. 305	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LANDSBERG, GABRIEL B.	
STREET ADDRESS	<del>520 BRICKELL KEY DR, STE 0-305</del>	
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	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Landsberg, Pedro G.	
1.3 STREET ADDRESS	1740 N.W. 94th Avenue	
1.4 CITY-ST-ZIP	Miami, Florida 33172	
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANDSBERG, TAMARA B.	
2.3 STREET ADDRESS	1740 N.W. 94th Avenue	
2.4 CITY-ST-ZIP	MIAMI, FL 33172	
3.1 TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANDSBERG, GABRIEL B.	
4.3 STREET ADDRESS	1740 N.W. 94th Avenue	
4.4 CITY-ST-ZIP	Miami, Florida 33172	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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:** \_\_\_\_\_ **4/11/97** **(305) 418-4160**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)