, PROFIT CORRORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **K96694** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

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E.M.P.K., INC. Principal Place of Business Mailing Address % ELLIOT NESHIN % ELLIOT NESHIN 12853 SW 88ST 12853 SW 88ST DO NOT WRITE IN THIS SPACE MIAMI FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualifed 06/20/1989 2a. Mailing Address Principal Place of Business 4. FEI Number Applied For Not Applicable 26 <u>65-0141034</u> 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country 8. This corporation owes the current year Intaggible □No 30 Personal Property Tax. 25 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **NESHIN. ELLIOT** Street Address (P.O. Box Number is Not Acceptable) 82 12853 SW 88 ST **MIAMI FL 33186** 83 Zip Code RA City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN, 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change □ DELETE 1.1 TITLE TITLE **NESHIN, ELLIOT** 1.2 NAME NAME 12853 S.W. 88 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Neshin, Margarita
17454 SW. IVE Street ☐ Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)