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

FLORIDA DEPARTMENT OF STATE

Sandra B. Mc. tham 🔒

FILED

PROFIT

CORPORATION

ANNUAL REPOŘT Secretary of State 1998 DIVISION OF CORPORATIONS 98 DEC 14 PM 2:08 DOCUMENT # L፯Ⴄሄ፯ኇ SECRETARY OF STATE TALLAHASSEE, FLORIDA EMERALD TRADE CENTER, INC Principal Place of Business Mailing Addre 1541 BRICKELL AVE. REINSTATEMENT #604 CRANDON BLUD KEY BISCAYNE, FL 3314 ELL AVE 65-0155 448 Applied For 1541 BRICKELL AVE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 202 Fee Required City & State BISCAYNE **\$5.00** May Be 6. Election Campaign Financing MIAMI Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ERIC YANKOUITT ERIC 22521 SW 66th AVE. 4164 BOCA RAJON, FL 33428 Zip Code 33428 BOCA BATON FI 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, Supplications authorized by the corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the objections of Society of Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE (10/97)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE TITLE 11 TITLE ☐ Change NAME 1.2 NAME CR2E034 **700002718897--**-12/2<u>2</u>/98--01051--014 STREET ADJURESS 1.3 STREET ADDRESS CITY-ST-ZIP 1 4 CITY - ST - ZIP ***1050.00 _***1050.00 DELETE TITLE 21 TITLE CRISTINA DRUKER NAME 2 2 NAME 1121 CRANDON BLUD. # D-203 STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition TIT) F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE ☐ Addition TITLE Change 6.1 TITLE NAME 6.2 NAME STREET AODRESS **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 of 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 cha SIGNATURE: