

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 APR -4 PM 11:51

DOCUMENT # **L32615** (1)

1. Corporation Name  
**E.M.J. ENTERPRISES, INC.**

Principal Place of Business	Mailing Address
% ELIOT C. ABBOTT 999 PONCE DE LEON CORAL GABLES FL 33134	% ELIOT C. ABBOTT 999 PONCE DE LEON CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/27/1989</b>	3a. Date of Last Report <b>07/15/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0178582</b>	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**ABBOTT, ELIOT C.**  
**999 PONCE DE LEON BLVD**  
**CORAL GABLES FL 33134**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DS</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDERMAN, JO ANN</b>	1.2 NAME	<b>D/S</b>
STREET ADDRESS	<b>7800 RED RD</b>	1.3 STREET ADDRESS	<b>50 ANN LEDELMAN</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>7800 RED ROAD</b>
	<i>PLEASE REMOVE THIS NAME 3/29/95 RE-ALAN LEDELMAN.</i>		<b>MIAMI, FLA</b>
			<b>REMOVE</b>
TITLE	<b>PRES. SEC. DIRECTOR</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDERMAN, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>7800 RED ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual (or other 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, unchanged, or is an amendment with an address.

SIGNATURE:

*Alan Lederman*

TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 29, 1995 305-661-5777*