FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
95 MAY -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L50860** **(0)**

1. Corporate Name
E.M.T. CONTRACTORS, INC.

Principal Place of Business
C/O MARTIN TUCHBAUM & ERIKA TUCHBAUM
1424 ALTON RD.
MIAMI BEACH FL 33139

Mailing Address
C/O MARTIN TUCHBAUM & ERIKA TUCHBAUM
1424 ALTON RD.
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1990
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0172087 — 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 shares or authorization to issue shares under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
TUCHBAUM, MARTIN & ERIKA TUCHBAUM
1424 ALTON RD.
MIAMI BEACH FL 33139

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 607.0505 and 607.190R, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Registered Agent (signature required if applicable) — Date

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	TUCHBAUM, MARTIN
STREET ADDRESS	~~404 1/2 N.E. 39TH ST.~~
CITY, ST, ZIP	~~MIAMI FL~~
TITLE	D
NAME	TUCHBAUM, MARTIN
STREET ADDRESS	~~404 1/2 N.E. 39TH ST.~~
CITY, ST, ZIP	~~MIAMI FL~~
TITLE	VD
NAME	TUCHBAUM, ERIKA
STREET ADDRESS	~~404 1/2 N.E. 39TH ST.~~
CITY, ST, ZIP	~~MIAMI FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		☒ Change ☐ Added
NAME		
STREET ADDRESS	1780 NE 147 ST	
CITY, ST, ZIP	MIAMI, FL. 33181	
TITLE		☒ Change ☐ Added
NAME		
STREET ADDRESS	1780 NE 147 ST.	
CITY, ST, ZIP	MIAMI, FL. 33181	
TITLE		☒ Change ☐ Added
NAME		
STREET ADDRESS	1780 NE 147 ST.	
CITY, ST, ZIP	MIAMI, FL. 33181	
TITLE		☐ Change ☐ Added
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Added
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Added
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report, signed and dated, is true and complete for the purpose of complying with Section 607.2203, Florida Statutes. Further certify that I am an officer or director of the corporation or the corporation's agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached amendment, or on a separately attached statement with an asterisk.

SIGNATURE: MARTIN TUCHBAUM. 04/10/95 (305) 842-3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0147031 CP