

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

0128035

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90014 039 \*\*\*300.00

DOCUMENT # **L83955**

1. Corporation Name

**EMERALD ENTERPRISES, INC.**



Principal Place of Business

100 W. 49TH ST.  
HIALEAH FL 33012  
US

Mailing Address

100 W. 49TH ST.  
HIALEAH FL 33012  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/26/1990**

4. FEI Number

**65-0202912**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CASTILLO, ALEX~~  
~~520 EAST 44TH ST.~~  
~~HIALEAH FL 33012~~

81 Name

**CASTILLO, GUILLERMO**

82 Street Address (P.O. Box Number is Not Acceptable)

**7845 N.E. BAYSHORE CT. #5**

83

**MIAMI, FL. 33138**

84 City

**MIAMI**

85

Zip Code

**FL 33138**

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 reinstating)

DATE

**03-27-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **ESCORCIA, HELVIA P.**  
CITY-ST-ZIP **520 E 44TH ST**  
**HIALEAH FL**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **CASTILLO, DELIA E.**  
CITY-ST-ZIP **520 E 44TH ST**  
**HIALEAH FL**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **CASTILLO, ALEX E.**  
CITY-ST-ZIP **520 EAST 44TH STREET**  
**HIALEAH FL**

TITLE ☐ DELETE  
NAME **CD**  
STREET ADDRESS **LLAURADO, ISABEL**  
CITY-ST-ZIP **301 174 ST #1220**  
**MIAMI BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **P/D.**  
1.3 STREET ADDRESS **CASTILLO, GUILLERMO**  
1.4 CITY-ST-ZIP **7845 NE BAYSHORE CT. #5, MIAMI, FL.**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **/33138**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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 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: *Isabel Llaurado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-27-99**

Date

**305-558-0859**

Daytime Phone #

CR2E034 (11/98)