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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **M08167** **(2)**

1. Corporation Name
EMANUEL, GILLER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7300 N KENDALL DR #530 MIAMI FL 33156	7300 N KENDALL DR #530 MIAMI FL 33156-7840

3. Date Incorporated or Qualified: **11/27/1984**
3a. Date of Last Report: **04/09/1996**

4. FEI Number: **59-2466481** ☐ 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 liability for taxes imposed by Chapter(s) 199 thru 220 Florida Statutes [✓] Yes [ ] No

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

9. Name and Address of Current Registered Agent

GILLER, BEN
7300 N. KENDALL DR #530
MIAMI FL 33156

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 Section 607.0403 or 607.1005, 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 _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	EMANUEL, JOSEPH	
STREET ADDRESS	7300 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	GILLER, BEN	
STREET ADDRESS	7300 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	OVP	☐ DELETE
NAME	EMANUEL, JAY	
STREET ADDRESS	7300 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		☐ Change ☐ Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		☐ Change ☐ Addition
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		

CR2E034 (9/95)

14. I do 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 report or supplemental 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 above (if changed), or on an attachment with an address.

SIGNATURE: _____ 3/13/97 305-620-3254