

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M29759

(1)

1. Corporation Name
EMINI, INC.



Principal Place of Business

C/O MICHAEL FREEDLAND
2319 N. STATE ROAD 7
HOLLYWOOD FL 33021

Mailing Address

C/O MICHAEL FREEDLAND
2319 N. STATE ROAD 7
HOLLYWOOD FL 33021

2. Principal Place of Business
21 192 S. Flamingo Rd.
22 Sub: Apt. #, etc.
23 City & State Rem. Pines, FL
24 Zip 33027
25 Country USA
2a. Mailing Address
26 3475 Sheridan St.
27 Sub: Apt. #, etc. 215-A
28 City & State Hlwd. FL
29 Zip 33021
30 Country USA

3. Date of Incorporation or Qualification 04/01/1986
3a. Date of Last Report 01/19/1995
4. FEI Number 59-2693524
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 intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
10. Name and Address of New Registered Agent

FREEDLAND, MICHAEL
2319 N. STATE ROAD 7
HOLLYWOOD FL 33021

81 Name Freedland, Michael
82 Street Address (P.O. Box Number is Not Acceptable) 3475 Sheridan St.
83 Suite # 215-A
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 607, 608 and 609, 15F.S., 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 607.03(2), Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
12.1 NAME PD
12.2 STREET ADDRESS FREEDLAND, MICHAEL
12.3 CITY & STATE 2319 N. STATE ROAD 7
12.4 ZIP HOLLYWOOD FL
12.5 V
12.6 NAME RUDERMAN, IRVIN
12.7 STREET ADDRESS 3305 WILDWOOD DRIVE
12.8 CITY & STATE MANITOWAE WI
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY & STATE
12.12 NAME
12.13 STREET ADDRESS
12.14 CITY & STATE
12.15 NAME
12.16 STREET ADDRESS
12.17 CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 NAME Michael Freedland ☒ Change ☐ Addition
13.2 STREET ADDRESS 3475 Sheridan St. Suite # 215-A
13.3 CITY & STATE Hlwd. FL. 33021
13.4 V
13.5 NAME IRV RUDERMAN
13.6 STREET ADDRESS 859 Ansley Ct.
13.7 CITY & STATE Ft. Laud. FL. 33326
13.8 NAME
13.9 STREET ADDRESS
13.10 CITY & STATE
13.11 NAME
13.12 STREET ADDRESS
13.13 CITY & STATE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY & STATE
13.17 NAME
13.18 STREET ADDRESS
13.19 CITY & STATE

14. For the purpose of certifying that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on the 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. 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 addition to an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Freedland 1/19/96 954-981-0553

CR2E034 (12/95)