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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 20 1997 8:00am Secretary of State

1997

DOCUMENT # M58593

E. Vernon, Inc.

Principal Place of Business

C/O Emilio Vernon

1789 Sw 82nd. Terr.

Miramar. Fl. 33025

Mailing Address
C/O Emilio Vernon
P.O. Box 823455
South Florida, Fl.
33082

1	Missams Dl 3303	5 South Fl	orida	ाना		
Miramar, Fl. 33025 South Florida, Fl. 33082				3. Date Incorporated or Qualified	3a. Date of Last Report	
					09/04/1987 Feb/19 / 96	
	lace of Business	2a. Mailing Address	22455		4. FEI Number	Applied For
21	SW 82nd. Terr.	26 P.O. Box 8	23455	····	65-0006223	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Mirai	mar, fl. 33025	28 South Flor	ida,_	F1.3308	2 Trust Fund Contribution	Added to Fees
Zip	Country	7 /p	Country	1	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29 3	30			Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
•	/ernon Emilio		81	Name		}
To the state of th				82 Street Address (P.O. Box Number is Not Acceptable)		
19446 SW 5th St.				or of the standard of the stan		
Pembroke Pines, Fl. 33029				83		
			84	City		85 Zip Code
			04	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	c-riamed corpo	ration submits this statement for the p	urpose 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
	THE TAIRMAN WITH AND DECEMBER THE OBJIGATION	(*13 01, 300,001 007,0000, 1 1011	ina olaloic.	<i>3</i> .		1
SIGNATURE	Signature typed or printed name of registered agent.	and the diapplicable (NOT)	Hogistered Age	nn: signature required	dwhen reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THLE	PSD	DELETE	11000			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	Vernon Emilio 19446 SW 5th St	٠ .	13 STREET	ADORESS		
CITY-ST-ZIP	Pembroke Pines		14 City - S	1		}
TITLE		DELFTE	2.1 TABLE			Change Addition
	TD		2.2 NAME	İ		
NAME	Vernou salua			N. D. C.		
STREET ADDRESS	19446 SW 5th St Pembroke Pines	t.	23 STRLET	ſ		
CITY-ST-ZIP	Pembroke Pines	, Fl. 33029	2 4 CITY - 5	SI-ZIP	الماعلان ويهيد سادينيا المراج ويهيه فيلسطون والماسية والمعاطمة الماكام ويهاست وريد	
TITLE		L.J VIII it	3 1 THILE	}		☐ Change ☐ Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-\$T-ZIP			3.4. Dily - 3	S1 - Z(F		
TITLE		□ DELETE	4.1 1/111	1		Change Addition
NAME			4. 2 NAM(!		
STREET ADDRESS			4.3 STREET	ADDRESS		ľ
CITY-ST-ZIP			44 CITY- S	iT- 20P		
TITLE		Dillete	5.1 THE	"		Change Addition
NAME			5.2 NAME			ľ
STREET ADDRESS			5.3 \$1R601	ADDRESS		
CITY-ST-ZIF			5.4 CHY-S	0 - 7IP		
TITLE		DETETE	6111111			Change Addition
NAME			G 2 NAME		80000211	36 <u>6</u> 8
STREET ADDRESS			6.3 STREET	ADORESS	-03/20/970112	!U012
CITY+ST-ZIP			6.4 CITY - S	Į.	***173.75	
0111-01-28		The second section of the second section is a second section of the second section in the second section is a			2 60 120 140 62/00/01 60 140 600 140	

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under 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 narrappears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/13/97 (954) 432326/