## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

pagelose

DOCUMENT # P00000026874		FILED	
EMS ELECTRONICS, INC.		02 FEB 13 AM 11:	53
	SECRETARY OF STAT	E DA	
DO NOT WRITE		_	
2. Principal Place of Businer 5209 NW 74 QUE 5209 NW 74 QUE 5209 NW 74 QUE 5209 NW 74 QUE 52009 NW 74 QUE 5200		100050 -02/27/ -02/27/ ****30 DO NOT WRITE IN T	0201009020 0.00 ****300.00
Gity & State Y	City & State Liami FL	4. FEI Number	Applied For Not Applicable
331 <b>66</b> Country	Zip Country	5. Certificate of Status Desired	Fee Required
DO NOT WE	Nar	7. Name and Address of Current Regis	tered Agent
DO NOT WRITE  Street Address & O. By Number is Not Acceptable 217  IN THIS SPACE			
	City	<u> Viani</u>	FL 233/66
8. The above named entity submits this statement for the	e purpose of changing its registered offi	ce or registered agent, or both, in the State of Florida.	A
SIGNATURE TIME Signature, typed or printed name of registered agent and tale if applicable. (NO1L: Registered Agent signature required when reinstating) DA1L			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1: Mity 1: Fee is \$150,00  After May 7: Fee is \$150,00  After May 7: Fee is \$150,00  10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees  Make Check Payable to Department of State			
11. PID OFFICERS AND DIR  THE HANGE STREET ADDRESS  CITY-ST-ZIP MIGMIN FL 3:	L#217 STREET ADDR		
II I I E NAME _ STREET ADDRESS CITY- ST- 2IP	TITLE NAME STREET ADDR GJTY-ST-ZIP		ACS.
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NTLE NAME STREET ADDR	DO NOT W	RITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TITLE NAME Street Addr City St-71P		ACE
THILE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDR CITY-ST-ZIP		
13. 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 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 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 77 KM WWW 11 WOLF 10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, sinc Phone?			

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## EMS ELECTRONIC, INC. DOC.#P00000026874

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

Manuel Moreno-CORDIALLY

MANUEL MORENO

-PRESIDENT