2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # P00000061805** AMERICAN EMERALD CORP Mailing Address Principal Place of Business 169 EAST FLAGLER ST SUITE 1527 169 EAST FLAGLER ST SUITE 1527 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P CR2E034 (10/03) 03302004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1019167 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THOMPSON, DISNEY DO NOT WRITE 169 EAST FLAGLER ST SUITE 1527 MIAMI, FL 33131 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. DATE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature (couled when reinstating) U00000105266 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/07/04-80018-011 150.00 OFFICERS AND DIRECTORS 10. TITLE OLAYA M, JAIME ENRIQUE 169 EAST FLAGLER ST SUITE 1527 STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33131 7173.5 NAME STREET ADDRESS CITY-\$1-23P TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3). Florida Statutes 1 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 empewaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empewered.

SIGNATURE:

STREET ADBRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATUREAND TYPED OR PRINTED HARE OF SIGNING OFFICER OR DIRECTOR

04-01-04

FILED

Daytime Phone #