

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

**\* CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 14 AM 1:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**400001453374  
-04/18/95--01102--004**

**\*\*\*\*\*208.75 \*\*\*\*\*208.75  
DO NOT WRITE IN THIS SPACE.**

**DOCUMENT # P11140 (1)**  
1. Corporation Name  
**EMIAJ INTERNATIONAL CORPORATION  
C/O DEL CUETO CORP.  
2515 SW 7TH ST., SUITE 1, MIAMI, FL 33135-3019**

Principal Place of Business Mailing Address  
**2515 SW 7TH ST. STE 1, MIAMI, FL 33135 2515 SW 7TH ST., STE 1, MIAMI, FLORIDA 33135**

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**08/15/ 1986**  
4. FEI Number Applied For  
**59-2592291** Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**JOSE DEL CUETO,  
2515 SW 7TH ST, SUITE 1,  
MIAMI, FLORIDA 33135**

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 Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

**12. OFFICERS AND DIRECTORS**

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>PD</b>                      |
| NAME            | <b>REGOJO OTERO, TERESA</b>    |
| STREET ADDRESS  | <b>2515 SW 7TH ST, STE 1,</b>  |
| CITY - ST - ZIP | <b>MIAMI, FLORIDA 33135</b>    |
| TITLE           | <b>SD</b>                      |
| NAME            | <b>REGOJO VELASCO, JOSE</b>    |
| STREET ADDRESS  | <b>2515 SW 7TH ST., STE 1,</b> |
| CITY - ST - ZIP | <b>MIAMI, FLORIDA 33135</b>    |
| TITLE           | <b>TD</b>                      |
| NAME            | <b>REGOJO VELASCO JAIME</b>    |
| STREET ADDRESS  | <b>2515 SW 7TH ST., STE 1,</b> |
| CITY - ST - ZIP | <b>MIAMI, FLORIDA 33135</b>    |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 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 if changed, or on an attachment with an address.

SIGNATURE:

*Teresa Regojo Otero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Teresa Regojo Otero*

03-31-1995

Date

(305)638-4040

Telephone Number