

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 9:47

DOCUMENT # P93000006577 (9)

1. Corporation Name

EMANUEL PHASE I, INC.

SECRETARY OF STATE
TALLHASSEE, FLORIDA

Principal Place of Business

3076 OHIO STREET
MIAMI FL 33133

Mailing Address

2961 NW 165 ST
MIAMI FL 33054
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/27/1993

3a. Date of Last Report
04/29/1994

4. FBI Number
NOT APPLICABLE

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EMANUEL, ROOSEVELT
2961 N.W. 165TH ST.
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name

82 Street Address

83

84 City

FL

85

33054

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)

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

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY, ST, ZIP	14 CITY, ST, ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY, ST, ZIP	24 CITY, ST, ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY, ST, ZIP	34 CITY, ST, ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY, ST, ZIP	44 CITY, ST, ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY, ST, ZIP	54 CITY, ST, ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY, ST, ZIP	64 CITY, ST, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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 119.07(3)(b), Florida Statutes. I further certify that the information included in this 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 registered agent or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change document as an attached and valid address.

SIGNATURE:

(Signature and typed or printed name of officer or director)

Date

(Signature and typed or printed name of officer or director)

4/29/95 (305) 623 2432