

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:42

DOCUMENT # P93000007694 (1)

1. Corporation Name

EMIZORK TRADERS INC.

Principal Place of Business

2100 CARALL WAY
STE 210
MIAMI FL 33145-631
US

Mailing Address

2100 CORAL WAY
STE 210
MIAMI FL 33145-631
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

08/04/1994

4. FEI Number

65-0386523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTIZ, EMIGDIO
15478 SW 104 ST APT 5-18
MIAMI FL 33196

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 607.1506, 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 of person or persons of registered agent and title of each)

(Signature of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ORTIZ, EMIGDIO
STREET ADDRESS	15478 SW 104 ST APT 5-18
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	ORTIZ, ZORA M
STREET ADDRESS	15478 SW 104 ST APT 5-18
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	ORTIZ, KATIRIA
STREET ADDRESS	15478 SW 104 ST APT 5-18
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(2)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/21/95

(705) 855-8066