FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052548 (3)**

1. Corporation Name
EMERALD PARTNERS DEVELOPERS, INC.

Principal Place of Business
600 PALM AVE.
SUITE A
HIALEAH FL 33010

Mailing Address
600 PALM AVE.
SUITE A
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **650437501** — 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

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MACHADO, LOUIS	1.2 NAME	
STREET ADDRESS	600 PALM AVE., SUITE A	1.3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33010	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBAINA, JULIO A	2.2 NAME	
STREET ADDRESS	600 PALM AVE., SUITE A	2.3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33010	2.4 CITY ST ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GESTIDO, TONY	3.2 NAME	
STREET ADDRESS	600 PALM AVE., SUITE A	3.3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33010	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MACHADO, CEFERINO	4.2 NAME	
STREET ADDRESS	600 PALM AVE., SUITE A	4.3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33010	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), 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: _____ 4/4/95 305-887-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007503 CP