FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000052548 (3)**

1. Corporation Name

EMERALD PARTNERS DEVELOPERS, INC.

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

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

3. Date Incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0437501** (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 _____ DATE _____

OFFICERS AND DIRECTORS

12.		
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	P ~~MACHADO, LOUIS~~ 600 PALM AVE., SUITE A HIALEAH FL 33010	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	V ROBAINA, JULIO A 600 PALM AVE., SUITE A HIALEAH FL 33010	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	T GESTIDO, TONY 600 PALM AVE., SUITE A HIALEAH FL 33010	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	S MACHADO, CEFERINO 600 PALM AVE., SUITE A HIALEAH FL 33010	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY, ST, ZIP	Luis Machado 600 Palm Ave Suite A Hialeah, Fl. 33010	☑ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY, ST, ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY, ST, ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY, ST, ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY, ST, ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY, ST, ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: _____ 4-15-96 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0082845 CP