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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:04

DOCUMENT # P94000002155 (7)

1. Corporation Name
EMPIRE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
939 S.W. 9TH STREET MIAMI FL 33130	939 S.W. 9TH STREET MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1522 SW 8 ST	26 EMPIRE Develop. Corp.
22 Suite, Apt. #, etc. MIAMI FL	27 Suite, Apt. #, etc. 1522 SW 8 St
23 City & State	28 City & State MIAMI FL
24 Zip 33135 25 Country	29 Zip 33135 30 Country DADE

4. FEI Number 65-0458567 ☐ 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	10. Name and Address of New Registered Agent
FILINGS INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311	81 Name JOE ALAMO 82 Street Address (P.O. Box Number Not Acceptable) 8550 W Flagler St 83 #120 84 City Miami FL 85 Zip Code 33144

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 reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME BRINGAS, LAZARO STREET ADDRESS 939 S.W. 9TH STREET CITY-ST-ZIP MIAMI FL 33130	1.1 TITLE PRESIDENT ☒ Change ☐ Addition 1.2 NAME EDUARDO HOMBERGER 1.3 STREET ADDRESS 1522 SW 8 ST 1.4 CITY-ST-ZIP MIAMI FL 33135
TITLE D NAME CAPO, HECTOR JR. STREET ADDRESS 939 S.W. 9TH STREET CITY-ST-ZIP MIAMI FL 33130	2.1 TITLE Vice-P—Secretary ☒ Change ☐ Addition 2.2 NAME Hector CAPO' JR 2.3 STREET ADDRESS 1522 SW 8 ST 2.4 CITY-ST-ZIP MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE Vice-P. — Treasurer ☒ Change ☐ Addition 3.2 NAME MAX HOMBERGER 3.3 STREET ADDRESS 1522 SW 8 ST 3.4 CITY-ST-ZIP MIAMI FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Omit this person

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)(i), 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 above, or on an attachment with an address.

SIGNATURE: [signature] PRES. EDUARDO HOMBERGER 1/24/95 3056423970
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107440 CP