

**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

**FILED**  
**96 MAY 10 PM 3:52**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024881 (2)**

1. Corporation Name

**FAOSHA EMANUEL HEMAN, INC.**



Principal Place of Business

Mailing Address

**2200 FORSYTH RD  
SUITE D-36  
ORLANDO FL 32807**

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SUITE D-36  
ORLANDO FL 32807**

3. Date Incorporated or Qualified **03/28/1994** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3257716** 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 **2200 N. Forsyth Rd.**

26 **2200 N. Forsyth Rd.**

22 **Suite - A-9**

27 **Suite A-9**

23 **Orlando Florida**

28 **Orlando, Florida**

24 **32807** 25 **USA**

29 **32807** 30 **USA**

9. Name and Address of Current Registered Agent

**COLON, AURORA  
2248 STONINGTON AVE  
ORLANDO FL 32817**

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 607.0515, Florida Statutes.

SIGNATURE

*Aurora Colon*

5-7-96

Signature for the principal place of business and the mailing address.

Signature for the principal place of business and the mailing address.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE, OLGA</b>	1.2 NAME <b>George, Olga</b>
STREET ADDRESS	<b>904 HALCON ST (ALTOS)</b>	1.3 STREET ADDRESS <b>904 Halcon St (Altos)</b>
CITY - ST - ZIP	<b>COUNTRY CLUB PUERTO RICO</b>	1.4 CITY - ST - ZIP <b>Country Club, Puerto Rico 00924</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Y</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLON, AURORA</b>	2.2 NAME <b>Pagan, Rosa</b>
STREET ADDRESS	<b>2250 STONINGTON AVE</b>	2.3 STREET ADDRESS <b>8408 Diamond Cove Cr.</b>
CITY - ST - ZIP	<b>ORLANDO FL 32817</b>	2.4 CITY - ST - ZIP <b>Orlando, Florida 32809</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>Colon, Aurora</b>
STREET ADDRESS		3.3 STREET ADDRESS <b>2248 Stonington Ave.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP <b>Orlando, Fl. 32817</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Lleras, Alexandra</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>2248 Stonington Ave.</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP <b>Orlando, Fl. 32817</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

*JW 5-16-96*

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-05/16/96-01018-016  
\*\*\*\*225.00 \*\*\*\*225.00

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: *Aurora Colon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96 (407) 671-2698  
Date Date Phone

CR2E034 (12/95)