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

85 APPROVED AND FILED 50
95 APR 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033642 (7)

1. Corporation Name
E.M.D. ENTERPRISES, INC.

Principal Place of Business
1801 SOUTHWEST 19 STREET
MIAMI FL 33145

Mailing Address
P.O. BOX 144479
CORAL GABLES FL 33114-4479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1036 S.W. 1 ST.
Suite Apt # etc. 22
City & State 23 MIAMI FLORIDA.
Zip 24 33130 Country 25 US.

2a. Mailing Address
26 1036 S.W. 1 ST.
Suite Apt # etc. 27
City & State 28 MIAMI FLORIDA.
Zip 29 33130 Country 30 US.

4. FEI Number 65 0487618 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
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: FLORIDA ANNUAL REPORT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1036 S.W. 1 ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

11. Pursuant to the provisions of Section 607.0505 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 duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE: 4/20/95

12. OFFICERS AND DIRECTORS

TITLE P	
NAME	ESPINA, LEONEL R
STREET ADDRESS	1801 SOUTHWEST 19 STREET
CITY, ST, ZIP	MIAMI FL 33145

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
100001467041
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****200.00 ****200.00

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SM 4/26

14. I hereby certify that the information contained herein, to the best of my knowledge and belief, is accurate and complete. I further certify that the information contained herein is the most recent of a supplemental annual report or change and correction 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 a 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 of this report with an address.

SIGNATURE: X PRES. 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONEL R. ESPINA Pres

0206701 CP