

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000033642(7)			
1. Corporation Name E.M.D. Enterprises, INC.			
Principal Place of Business		Mailing Address	
6325 S.W. 138th Ct. (Apt. 2)		Miami, FL 33183	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 6325 S.W. 138th Ct. (Apt. 2)	26 6325 S.W. 138th Ct. (Apt. 2)	5/4/94	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Miami, FL	28 Miami, FL	65-0487618	Not Applicable
24 33183	29 33183	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30 USA	☐	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Yolanda M. Rodriguez 435 ZAMORA AVE. CORAL GABLES, FL 33134		Yolanda M. Rodriguez 435 ZAMORA AVE. CORAL GABLES, FL 33134	
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		3-28-97	
Signature typed, printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when re-stating) DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing 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 (if not in Block 12 or 13, then on an attachment with an address).		100002175971 -05/13/97--01006--027 ***165.00	
SIGNATURE:		3-28-97	
Signature typed, printed name of signing officer or director		Date	

CR2E034 (9/96)