SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

FILED

95 JUL 27 AM 9:48

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000068010 (5)**

1. Corporation Name

E.M.D. VERO CORP.

Principal Place of Business

6851 S.W. 21ST COURT
BAY #4
DAVIE FL 33317

Mailing Address

6851 S.W. 21ST COURT
BAY #4
DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0534398 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. [illegible] ☐ — **$5.00** May Be Added to Fees

Zip — 24 Country — 25 Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT LEE
1645 PALM BEACH LAKES BLVD.
SUITE 600
WEST PALM BEACH FL 33401

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 [illegible] Registered Agent signature required after the filing — DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SADKIN, S. MARTIN
STREET ADDRESS: 6851 S.W. 21ST COURT, BAY 4
CITY, ST, ZIP: DAVIE FL 33317

13.

11 TITLE — ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE — ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

600001547756
-07/27/95--01064--003
****225.00 ****225.00

31 TITLE — ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE — ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE — ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE — ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

RC

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 formal 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 the 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7/5/95 DATE — Daytime Phone #

CR2E034 (3/95)

001820 CP