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Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandep B. Morjham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000076145 (9)

1. Corporation Name  
E.K.M.A., INC.

Principal Place of Business

6880 SW 82ND AVE  
MIAMI FL 33143

Mailing Address

EKMA, INC  
P.O. BOX 560186  
MIAMI FL 33256-0186  
US



2. Principal Place of Business  
21 13404 SW 131 ST

Suite, Apt. #, etc.

22 City & State  
23 MIAMI, FL

24 Zip 33186 25 Country USA

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
10/17/1994

3a. Date of Last Report  
04/02/1996

4. FEI Number  
65-0530015

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

KUPERSTEIN, STANLEY H  
1428 BRICKELL AVE  
6TH FLOOR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name MICHAEL CAMILLERI  
82 Street Address (P.O. Box Number is Not Acceptable) ADOBNO 2 EDA  
83 888 SE 3AVE BOITE 500  
84 City FT. LAUDERDALE FL 85 Zip Code 33335

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

Michael Camilleri

(NOTE: Registered agent signature required when reinstating)

6/16/97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JONES, CRAIG  
STREET ADDRESS 8190 CLEARY BLVD #1904  
CITY-ST-ZIP PLANTATION FL

TITLE S  
NAME BITZ, D. MICHAEL  
STREET ADDRESS 6880 8 W 82 AVE  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P, S  
2.2 NAME BITZ, D MICHAEL  
2.3 STREET ADDRESS 13404 SW 131 ST.  
2.4 CITY-ST-ZIP MIAMI, FL 33186

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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 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 a shareholder 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 change of agent or address is indicated in an attachment with an address.

SIGNATURE

President 28 Aug 97 12:00 PM

CR2E034 (9/96)