

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

DOCUMENT # P94000089793 (1)

1. Corporation Name

EMR BROTHERS INC.



Principal Place of Business

4096 DEER LANE
TALLAHASSEE FL 32312
US

Mailing Address

4096 DEER LANE
TALLAHASSEE FL 32312
US

2. Principal Place of Business

2a. Mailing Address

21 1907 W. PENSACOLA ST.

26 1907 W. PENSACOLA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TALLAHASSEE, FL.

28 TALLAHASSEE, FL.

Zip

Country

Zip

Country

24 32304

25 U.S.

29 32304

30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0560570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☒ Yes ☐ No

MORALES, ROBERT B
55 EAST RIVO ALTO DRIVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name ROBERT MORALES

82 Street Address (P.O. Box Number is Not Acceptable)

1907 W. PENSACOLA ST.

83

84

City TALLAHASSEE

FL

85

Zip Code

32304

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

Robert Morales

(NOTE: Registered Agent signature required when re-registering)

5/10/96

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORALES, ROBERT
STREET ADDRESS 55 E. RIVO ALTO DR.
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE VD
NAME AGRAMONTE, EDUARDO A
STREET ADDRESS 216 W. 47 ST
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE STD
NAME AGRAMONTE, ALBERT
STREET ADDRESS 216 W 47 ST
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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

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

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

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

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

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:

Robert Morales

ROBERT MORALES

5/10/96

Date

576-5767

Telephone Number

CR2E034 (12/95)