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 # **P95000016672 (4)**

1. Corporation Name

EMKO INC.

Principal Place of Business	Mailing Address
453 WEST 40TH PLACE HIALEAH FL 33012	453 WEST 40TH PLACE HIALEAH FL 33012

3. Date Incorporated or Qualified: 02/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 453 W 40 PLAC Hia Fla	26 453 W 40 PL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hia leah Florida	City & State 28 Hialeah Florida
Zip 24 33012 Country 25 USA	Zip 29 33012 Country 30 USA

4. FEI Number: 65-0577338 ☐ 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

LONREOZO, AIDA L
453 WEST 40TH PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Aida LORENZO
82 Street Address (P.O. Box Number is Not Acceptable): 453 W 40 PL
83
84 City: Hialeah FL 85 Zip Code: 33012

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: Aida Lorenzo — 3/26/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TRUEBA, OSVALDO J	
STREET ADDRESS	453 WEST 40TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	☐ DELETE
NAME	LORENZO, MARIA M	
STREET ADDRESS	12740 S.W. 43RD DR.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	STD	☐ DELETE
NAME	LORENZO, AIDA L	
STREET ADDRESS	453 WEST 40TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	100001869111	☐ Change ☐ Addition
5.2 NAME	-06/20/96--01026--047	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	5-1-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Aida Lorenzo — 3/26/96 — 305-556-6171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AIDA LORENZO