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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000021397 (1)

EME CONNECTION, INC.



Principal Place of Business 12295 SW 15157 S7, E101 12000 SW 150 TERRAGE MIAMI FL 33186		Mailing Address / 2 2 95 S.W. 12000 SW 150 TERRAC MIAMI FL 33186	Mailing Address 13.5 9.5 S.W. 15/57 S7, E/O/ 12008 SW 150 TERRACE MIAMI FL 33186		T SOCIESOL ING IGIOS OSSUL OCIUI OCIUE ODISI DONIO SICES INSOCIUINO SOLIA SOCI MODI			
					<ol> <li>Date Incorporated or Qualified 03/16/1995</li> </ol>	3a. Date	of Last	Report
2. Principal Pl. 21	ace of Business	2a. Mailing Address			4. FEI Number 65 05 6 10	フク		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
City & State	9	City & State			6. Election Campaign Financing			00 May Be
Zip	Country	28			Trust Fund Contribution			led to Fees
24	25	Zip <b>29</b>	Country 30	′	8. This corporation has liability for i		x under	s 199.032,
	9. Name and Address of C		301		Florida Statutes Yes  10. Name and Address of New R		aont	
			81	Name	10. Name and Address of New A	eñistelen y	(gent	
PRYOR	MARY F							
PRYOR, MARY E 12868 SW 150 TERRACE			82 Street Add		ress (P.O. Box Number is Not Acceptable)			
	FL 33186		83			<del></del>		
***************************************	2 00 100							
			84	City		FL	85 2	Zip Code
familiar wit	iri, ario accept the obligations of,	Florida. Such change was authorized Section 607.0505, Florida Statutes.						
SIGNATURE _	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE	Registered Ager	nt signature required		DATE		<del></del>
SIGNATURE _	Signature, typed or printed name of registerec	d agent and tile #applicable. (NOTE S AND DIRECTORS	Registered Ager	nt signature required	l when reinstating! ADDITIONS/CHANGES TO OFFI	CERS AND		
SIGNATURE _ 12.	Signature, typed or printed name of registered OFFICER:	d agent and title if applicable. (NOTE	Registered Ager 13.	nt argnature required		CERS AND	DIRECT Change	
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registerec OFFICER: D PRYOR, MARY E	d agent and tile if applicable.  S AND DIRECTORS  DELETE	Registered Ager 13. 1 1 TITLE 1.2 NAME			CERS AND		
SIGNATURE _  12.  TITLE  NAME  STREET ADDRESS	Sgnature, typed or printed name of registerec OFFICERS D PRYOR, MARY E 12006-SW-150-TEFIENC	d agent and tile #applicable. (NOTE S AND DIRECTORS	13. 1 1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		CERS AND		
SIGNATURE _  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgnature, typed or printed name of registeres  OFFICERS  D  PRYOR, MARY E  13666 SW 159 TEFRINC  MIAMI FL 33186	d agent and title if applicable.  S AND DIRECTORS  DELETE  E /2295 S.W. 15 157 ST. E/0/	13. 1 1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		CERS AND	] Change	☐ Addition
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SIGNATURE _  12.  TITLE  NAME  SIRCEI ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	Sgnature, typed or printed name of registeres  OFFICERS  D PRYOR, MARY E 13888 SW 150 TERRAC  MIAMI FL 33186  D EDWARDS, PATRICIA 12866 SW 150 TERRAC	Tagerland the Mappicable.  SAND DIRECTORS  DELETE  E/7000 NW67th We Tage	13. 1 1 TITLE 1 2 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET	ADDRESS T-ZIP ADDRESS		CERS AND	] Change	☐ Addition
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SIGNATURE	Sgnature, typed or printed name of registeres  OFFICERS  D PRYOR, MARY E 13888 SW 150 TERRAC  MIAMI FL 33186  D EDWARDS, PATRICIA 12866 SW 150 TERRAC	Section for Josus, Fiorida Statutes.  diagent and tile if applicable.  S AND DIRECTORS  DELETE  E / 7000 NW67 Th AVE TO.  DELETE  DELETE  DELETE	Pogistered Ager  13. 1 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2 1 TITLE 22 NAME 23 STREET 24 CITY-S 3 1 TITLE 32 NAME 33 STREET 34 CITY-S 4. 1 TITLE 42 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS		CERS AND	Change Change	Addition  Addition
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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 op an attachment with an address.

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR PRESCTOR

4/24/96 (305)235-8320