FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Information indicated on this annual report of am an officer or director of the corporation appears in Block 12 or Block 13 if changed,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000025118 (7)

E.K.M.A. AG, INC.

Principal Place of I	Business
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Mailing Address

FILED Jun 19 1997 8:00am Secretary of State



P.O. BOX 5601 MIAMI FL 3315			P.O. BOX 560186 MIAMI FL 33256-0188				
					3. Date Incorporated or Qualified 03/29/1995	3a. Date of Last Report 04/02/1996	
2. Principal P	lace of Business	<u></u>	2a. Mailing Address		4. FEI Number	Applied For	
21 1340	4 800 131	87	26		65-0577730	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 M I A	41, FC		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33/	86 25 Count	SA	7ip	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \[\] No	
	9. Name and Addr	ess of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent	
PEA	RETZ, STEVEN I			81 Name	CAMILLEX	1	
1970 MIAMI CENTER 82 Street Address (P.O. Box Number is Not Acceptable) A DOLLO BOX Number is Not Acceptable)							
	MI FL 33131	5215 1		83 888	SE- 3 wd AUE	Suit 500	
				84 City	LANDERDALE	FL 85 Zip Code 3333 S	
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 Signature: typod or printed name of registered agent and title if appricable. (NOTE: Registered Agent Signature) DATE DATE DATE							
12.		OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	511102107410	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME	BITZ, MICHAEL D		_	1.2 NAME			
STREET ADDRESS	P.O. BOX 560186	N/A		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33158			1.4 CITY-ST-ZIP		15	
TITLE			DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			_	22 NAME			
STREET ADDRESS							
CITY-ST-ZIP				2 4 CITY-ST-ZIP			
TITLE			DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME		-	
STREET ADDRESS				3.3 STREET ADDRESS			
CiTY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE			DELETE	4 1 TITLE		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY - ST - ZIP		ρ	
TITLE			☐ DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME		1/2/1/2	
STREET ADDRESS				5.3 STREET ADDRESS		HI/1/11/91	
CITY-ST-ZIP				5.4 CITY-ST-ZIP		/// <i>\U/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME			Λ I	6.2 NAME	50000221 -06/19/970103	7425	
STREET ADDRESS			-M/N/	6.3 STREET ADDRESS	-06/19/970109	12008	
CITY-ST-ZIP			AINIV	6.4 CITY - ST - ZIP	***165.00	İ	
14. I do heret	by certify that the inform	nation supplied	ling does not qualif	v for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes	: I further certify that the	
Information Indicated on this annual report or A 13 to 14 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 (1 to 15 to							