

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 # P95000041555 (0)

1. Corporation Name

EMAH & ASSOCIATES, INC.

Principal Place of Business

1688 MERIDIAN AVE.  
MIAMI BEACH FL 33139

Mailing Address

1688 MERIDIAN AVE  
MIAMI BEACH FL 33139



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/26/1995

3a. Date of Last Report

INITIAL

4. FEI Number

65-0585990

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRID  
345 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MARK J. SPENCER

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

800 WEST AVENUE, PH. 21

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

11. Pursuant to the provisions of Sections 607.02 and 607.15, 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 is 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 of Registered Agent or Director (Typed Name)

Signature of Registered Agent or Director (Typed Name)

2/5/96

12. OFFICERS AND DIRECTORS

TITLE

PSTD

NAME

ANDINO, EDWIN M

STREET ADDRESS

1688 MERIDIAN AVE.

CITY - ST - ZIP

MIAMI BEACH FL 33139

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

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

□ Change

□ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

□ Change

□ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

□ Change

□ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

□ Change

□ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

□ Change

□ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

EDWIN ANDINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

(35)534-0090

Daytime Phone #

CR2E034 (12/95)