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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000073525 (4) ECONOMIC RISK MANAGEMENT CORP.

Principal Place of Business 6770 S.W. 75 TERR. MIAM! FL 33143		Mailing Address 6770 S.W. 75 TERR. MIAMI FL 33143-4508				
					3. Date Incorporated or Qualified 09/21/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21		2a. Mailing Address 26	h		4. FEI Number 65-0616070	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent
	DUMET, JULIO A		81	Name		
	) S.W. 75 TERR. MI FL 33143		82		dress (P.O. Box Number is Not Acceptat	ble)
			63			
			84	City		FL 85 Zip Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta or familiar with, and accept the ob-	te of Florida. Such chance was	: authoriz <b>i</b> III b	v the corner:	poration submits this statement for the pation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable (NC	TE Register LAg	ent signature req	uirod when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	D	L DELETE	1 1 TITLE			Change Addition
NAME	DOCUMET, RAUL A		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY - ST-ZIP	MIAMI FL 33143		1.4 CITY -	ST - 7IP		
TITLE	D DOOLHAGT HILLO	☐ DELETE	2.1 TITLE			Change
NAME	DOCUMET, JULIO A					
STREET ADDRESS	6770 S.W. 75 TERR.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2. 4 City - St - ZiP			
TITLE	L DELETE		3.1 THLE			Change Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREE	I ADDRESS		
CITY-ST-ZIP		The second secon	3.4. CITY-	ST-ZIP		
TITLE	☐ DELĒTE		4.1 TITLE	ļ		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		1
CITY-ST-ZIP		TT briege	4.4 CITY - ST - ZIP			
TITLE	1		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			5.4 CHY-	ST-ZIP		
TITLE		L_J DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			62 NAME			
STREET ADDRESS			■ 6.3 STREE	LADDRESS		1

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

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205 162-531

**FILED** 

Apr 23 1997 8:00am

Secretary of State