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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077003 (8)

1. Corporation Name
EMROD CORPORATION

Principal Place of Business
19010 WENTWORTH DRIVE
MIAMI FL 33015

Mailing Address
19010 WENTWORTH DRIVE
MIAMI FL 33015-2824



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 05/01/1996
21. Sub. Acct. #	26. Sub. Acct. #	27. State, Apt. #, etc.		4. FEI Number 59-2506084	Applied For Not Applicable
22. City & State	27. City & State	28. Zip		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CHUPP, RODNEY
19010 WENTWORTH DRIVE
MIAMI FL 33015

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 understand with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	7.1 TITLE	7.2 NAME

14. I, the undersigned, 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 disclosed 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 a director or officer 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, unchanged, or on an addition with an address.

SIGNATURE:

Rodney Chupp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

829-2888

Date Day/Year/Phone #

0122952

CR2E034 (9/96)