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 # **P95000084687 (9)**

1. Corporation Name
EMERGE INTERNATIONAL, INC.

Principal Place of Business
5231 N.W. 180TH TERRACE
MIAMI FL 33055

Mailing Address
5231 N.W. 180TH TERRACE
MIAMI FL 33055

3. Date Incorporated or Qualified: 11/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0657263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX — $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 XX No

9. **Name and Address of Current Registered Agent**

PRYCE, LAS
5231 N.W. 180TH TERRACE
MIAMI FL 33055

10. **Name and Address of New Registered Agent**

81 Name: LASCELLES D. PRYCE, II
82 Street Address (P.O. Box Number is Not Acceptable): 5231 N.W. 180th Terrace
83
84 City: Miami FL 85 Zip Code: 33055

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: Lascelles D. Pryce II, Lascelles D. Pryce, II   5-21-96
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PRYCE, LASCELLES D II	
STREET ADDRESS	~~5231 N.W. 80TH TERRACE~~	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	☐ DELETE
NAME	BELLAMY, ALSONSO	
STREET ADDRESS	12961 S.W. 19TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33029	
TITLE	D	☐ DELETE
NAME	LOUISSAINT, BEATRICE	
STREET ADDRESS	8619 N.W. 193RD LANE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5231 N.W. 180th Terrace	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Alfonso Bellamy	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: Lascelles D. Pryce II President   5-21-96   (305) 952-6642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Lascelles D. Pryce II