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May 15 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 # P96000031820 (9)

1. Corporation Name
E.M.B. CONSTRUCTION CORP.



Principal Place of Business
90 WEST 61 STREET
HIALEAH FL 33012

Mailing Address
90 WEST 61 STREET
HIALEAH FL 33012-2637

3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
4. FEI Number 650656978	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

CABRERA, EDDY DIOSDADO
90 WEST 61 STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	MARTINEZ, ALFREDO	1.2 NAME	CARLOS CABRERA
STREET ADDRESS	90 WEST 61 STREET	1.3 STREET ADDRESS	60 E 44 ST
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah FL 33013
TITLE	VP	2.1 TITLE	P
NAME	CABRERA, EDDY	2.2 NAME	EDDY D CABRERA
STREET ADDRESS	90 WEST 61 STREET	2.3 STREET ADDRESS	90 WEST 61 ST
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	HIALEAH FL 33012
TITLE	T	3.1 TITLE	T
NAME	CABRERA, MARIE	3.2 NAME	Jose M CABRERA
STREET ADDRESS	90 WEST 61 STREET	3.3 STREET ADDRESS	60 E 44 ST
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah FL 33013
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 305 362 624
Date Daytime Phone #

CR2E034 (9/96)