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 # P96000087832 (7)

EMO-X INC.

Principal	Place o	of Business
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4705 8W 74 AVE.

Mailing Address

4705 SW 74 AVE.

FILED Jun 09 1997 8:00am Secretary of State



MIAMI FL 331	55	MIAMI FL 33155-4416			
				3. Date incorporated or Qualified 10/24/1996	3a. Date of Last Report
21	Place of Business	2a. Mailing Address 26		4. FEI Number	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	de	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ıp	Country 30	8. This corporation has liability for in Florida Statutes	
<u> </u>	9, Name and Address of Currer			10. Name and Address of New Reg	
748 Mia	HOA, EDUARDO 8 SW 103 PL. CIR: MI FL 89178 -		82 Stront As 83 84 City	Idress (BO, Box Number is Not Acceptable)	FL 85 Zip Code
Office of r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Horida. Such change was	authorized by the corno	orporation submits this statement for the puration's board of directors. I hereby accep	rpose of changing its registered I the appointment as registered
	Signature, typed or printed name of registered ago		TE Registereo Agent signature re		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME STREET ADDRESS	OCHOA, EDUARDO 7138 SW 100 PL: CIR:	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	4705 S.W. 74 m	Change Addition
CITY-ST-ZIP TITLE	MIAMI FL 83173	DELETE	1.4 CITY- ST-ZIP 2 1 TIPLE	mimi 19 3	Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		[
CITY-ST-ZIP TITLE NAME		☐ DELETE	3 4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME		Change Addition
STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE NAME		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	,	☐ Change ☐ Addition
STREET ADORESS CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE NAME		☐ DELE1E	6.1 THLE 6.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
de Lala bassis					

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.