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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B., Morthafn

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700001771 (9)

E.M.P. INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

## FILED Jun 17 1998 8:00am Secretary of State



5786 SW 8TH ST MIAMI FL 33144		5786 SW 8TH ST MIAMI FL 33144			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
<u> </u>	Place of Business	2a. Mailing Address			01/08/1997 4. FEI Number Applied For
21		26			65-07/672-1 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees
Zip 24	Country 25	Ζ <sub>1</sub> p	Countr 30	У	This corporation owes or has paid the current year Inlangible     Personal Property Tax due June 30.  Yes  No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	DR <b>AJ</b> A, OSVALDO A		81	Nam	ne
	86 <b>\$</b> W 8TH ST Ami <b>f</b> l 33144		82	Stree	eet Address (P.O. Box Number is Not Acceptable)
			83	3	
			84	City	/ <b>85</b> Zip Code
affice of r	regi <b>ster</b> ed agent, or both, in the State i	of Honda, Such change wa	is authorized b	ly the co	red corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statute's.  SIGNATURE  Signature typical or product name of register of topics and obtain applicable. (NOTE: Registered Agent signature required when reinstating).  DATE					
12.	OFFICERS AND		13.	Jen; signa:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	<b>Pe</b> draja, osvaldo a		1.2 NAME		
STREET ADDRESS	5786 SW 8TH ST		1.3 STHEE	T ADDRESS	ss
CITY-ST-ZIP	MIAMI FL 33144		14 CITY-	ST-ZIP	
TITLE		☐ DELFTE	2 1 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			2 3 \$1RFF	t address	SS
CITY-ST-ZIP			2. 4 CITY -	ST - ZIP	
TITLE		DEFETE	3.1 TITLE		·
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREE		55
CITY-ST-ZIP TIFLE		DELETE	3.4. CITY - 4.1 TO LE	S1-ZIP	Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.2 (DOME		ce
CITY-ST-ZIP			4.4 CITY-1		33
TITLE		DELETE	51 TITLE	31-11	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	i address	SS
CITY-ST-ZIP			5.4 CITY - 1		
TITLE		☐ DELETE	6.1 TITLE	• •	Change Addition
NAME			6.2 NAME		900002565139 77
STREET ADDRESS			6.3 STREE	I ADDRESS	ss -06/19/9801094008
CITY- ST. 7ID			CAPITY S	מוכ די	****15日、自治

14. Thereby 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 suppliemental 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.