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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014350 (7)

THE EMERALD GROUP INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					A LOGIZIORY MA SAITE SANDY AND IT WELLE NEED TO IT	IMIT MIMAN DITEL MISK AND INDI
18443 N.W. 22 STREET 18443 N.W. 22 STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 3						
}					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 02/13/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0725804	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28]			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the co	
24	25 Name and Address of Currer	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register HERNANDEZ, EDDY 81 Name						Agent
	443 N.W. 22 STREET		INGINE			
PEMBROKE PINES FL 33029				Street Add	ress (P.O. Box Number is Not Acceptable)	
"	MIDNONE PINES PL 33029		83			
			63			
			84	City		85 Zip Code
44 Durament	to the provisions of Sections 507.050	0 and 007 4100 [1-2-1-04-		<u> </u>	Fl 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 agont, 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						
agentla	m familiar with, and accout the obliga	ntions of Section 607.0505,	Florida Statute	S.	,	
SIGNATURE	Blonature, typed, proced-harner of registered age		NOTE Registered Ag			
12,	OFFICERS ANI	·	13,	ent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	PD	DELETE	1.1 TOLE		ADDITIONO/ONANGES TO OFFICENS AN	Change Addition
NAME	HERNANDEZ, EDDY		1.2 NAME			_ sinange recursor
STREET ADDRESS	18443 N.W. 22 STREET		1.3 STREET	ADDRESS		18
CITY-ST-ZIP	PEMBROKE PINES FL 33029	ļ	1.4 CITY-ST-ZIP			
TITLE	VD DELETE		2.1 TITLE	11-24		Change Addition
NAME	MENDEZ, CARLOS		2.2 NAME			
STREET ADDRESS	11855 SW 3RD STREET		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33184		2.4 CITY -			
TITLE	TD	DELETE	3.1 TITLE	VI 611		☐ Change ☐ Addition
NAME	Dreize, Miriam M	-	3.2 NAME			
STREET ADDRESS	1408 SOUTH BAY SHORE #	1210	3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY-			
TITLE		DELETE	4.1 TITLE	21 EII		☐ Change ☐ Addition
NAME		- -	4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		+
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELETE	5.1 TITLE	4.4		Change Addition
NAME			5.2 NAME	-		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY- S			1
TITLE		DELETE	6.1 TITLE	1-24		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADORESS	•	İ
CITY-ST-ZIP			64 CITY-	1		

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 roport or supplience that it 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 cocioier 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 charged, or on an attachment with an address.

SIGNATURE: