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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014350

1. Corporation Name

THE EMERALD GROUP INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90086 031 ***150.00



Principal Place	e of Business	Mailing Address						
18443 N.W. 22 STREET 18443 N.W. 22 STREET								
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029)	•	DO NOT WR	ITE IN THIS	SDACE	
					3. Date Incorporated or Qualifed		OI ACE	$\overline{}$
					02/13/1997	ı		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0729804		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	Additional
22 200	5W 118ave_	27			5. Certificate of Status Desired		Fee Re	quired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23 Mian	ni, to	28			Trust Fund Contribution		Added to	to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes the cur	rent year Inta	angible	_
24 33/	89 25	29	30		Personal Property Tax.		☐ Yes	□No
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registered /	Agent	
LICO	MANDEZ EDDV		81	Name				ļ
	NANDEZ, EDDY		82	Street A	ddress (P.O. Box Number is Not Accept	table)		
	13 N.W. 22 STREET							
PEMI	Broke Pines FL 33029		83	i l				İ
			84	City			85 Zip (Code
			1			<u> FL</u>		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	e-named c	corporation submits this statement for the ration's board of directors. I hereby acce	purpose of	changing its	registered distored
office or re agent. La	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	da Statute	r me corpo: s.	ration's board of directors. Thereby acce	pt the appoi	innont as re	gistorea
-3	, , ,							
CICNIATURE								
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE	Registered Age	ent signature re	quired when reinstating)	DATE		
SIGNATURE	OFFICERS AN	ND DIRECTORS	13.	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF			
	OFFICERS AN			ent signature re			D DIRECTO	DRS IN 12
12.	OFFICERS AN PD HERNANDEZ, EDDY	ND DIRECTORS	13.	ent signature re				
12.	OFFICERS AN PD HERNANDEZ, EDDY 18443 N.W. 22 STREET	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature re				
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD HERNANDEZ, EDDY 18443 N.W. 22 STREET PEMBROKE PINES FL 33029 VD MENDEZ, CARLOS	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ET AODRESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE	OFFICERS AN PD HERNANDEZ, EDDY 18443 N.W. 22 STREET PEMBROKE PINES FL 33029 VD MENDEZ, CARLOS 11855 SW 3RD STREET	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ET AODRESS			Change	☐ Addition
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR