

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



05/15/99 09:00:22 AM

DOCUMENT # P97000043221
 1. Corporation Name
EHEMENDIA & SONS, CORP.

Principal Place of Business: **3400 NW 67TH ST MIAMI FL 33147**
 Mailing Address: **3400 NW 67TH ST MIAMI FL 33147**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0760437	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				Applied For Not Applicable	
23. Zip Country		28. Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EHEMENDIA, ALBERICO 3400 NW 67TH ST MIAMI FL 33147				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 relevant) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP EHEMENDIA, ALBERICO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHEMENDIA, ALBERICO	1.2 NAME	
STREET ADDRESS	3400 NW 67TH ST	1.3 STREET ADDRESS	No CHANGES
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	DV EHEMENDIA, MARISEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHEMENDIA, MARISEL	2.2 NAME	
STREET ADDRESS	3400 NW 67TH ST	2.3 STREET ADDRESS	No CHANGES
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE	DS EHEMENDIA, MARIO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHEMENDIA, MARIO	3.2 NAME	
STREET ADDRESS	3400 NW 67TH ST	3.3 STREET ADDRESS	No CHANGES
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Marisel Echemendia* SIGNATURE REQUIRED: _____
 Date: 3/17/99 (305) 836-6001
 Daytime Phone #

CR2E034 (1/198)