


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

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90487 027 \*\*\*150.00

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| PROFIT CORPORATION<br>ANNUAL REPORT<br>2000  |  |         |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |   |  |  |
| DOCUMENT # <b>pg8000015043</b><br>1. Corporation Name<br><b>EMET SERVICES CORPORATION</b>  |  |  |   |  |  |   |  |  |
| Principal Place of Business<br><b>4955 NW 199 ST #206</b><br><b>MIAMI, FL 33055</b>  |  |  | Mailing Address<br><b>4955 NW 199 ST #206</b><br><b>MIAMI, FL 33055</b> |  |  |   |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |  | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country |   | 3. Date Incorporated or Qualified<br><b>02/12/98</b><br>4. FEI Number<br><b>65-0817501</b><br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |  |
| 9. Name and Address of Current Registered Agent<br><b>JOSE MARTINEZ</b><br><b>750 OAK AVE</b><br><b>MIAMI SPRINGS, FL 33166</b>  |  |  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>  |  |   |  |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |   |  |  |   |  |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>P</b> <b>AMARU LOPEZ</b> <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS <b>4955 NW 199 ST #206</b><br>CITY-ST-ZIP <b>MIAMI, FL 33055</b><br>TITLE <b>V</b> <b>ENRIQUE GUERRA</b> <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS <b>2690 WEST 76 ST</b><br>CITY-ST-ZIP <b>HALEAH, FL 33016</b><br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |   |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMARU LOPEZ**

**4/27/00**