

329.

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 029 ***150.00



E M D CONSULTING CORP.

Mailing Address
1010 S.W. 81 TERRACE
NORTH LAUDERDALE FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

4. FBI Number

65-0825714

Applied For	
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Not Applicable

3. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fee

9. This corporation owes the current year
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUQUE, HERNAN
1010 S.W. 81 TERRACE
NORTH LAUDERDALE FL 33068

81	Name: Brian / 1400
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82	Street Address (P.O. Box Number Is Not Acceptable)
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22 University Drive, S.E. 213

B4	City <u>Plantation</u>
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FL	85	Zip Code 23021
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11. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

7/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	HERNAN DUQUE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1010 SW 81 TERRACE NORTH LAUDERDALE, FL 33068
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Hernan Duque HERNAN DUQUE

7/9/99 (954) 724-2593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chlorine

1772

PAGE 2

: 844

ID:AM. EXP. WESTON

07/30, 99 09:49