


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90089 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000056452		
1. Corporation Name EMC SERVICES CORP.		

Principal Place of Business 195 SW 15th ROAD, SUITE 205 MIAMI, FL 33129	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 195 SW 15th ROAD Suite, Apt. #, etc. 22 SUITE 205 City & State 23 MIAMI, FL Zip Country 24 33129 25		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06-24-99	4. FEI Number 65-0847662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		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 ELIZABETH M. CORNEJO 22205 SW 100 Ave. Miami, FL 33190	10. Name and Address of New Registered Agent 81 Name ELIZABETH M. VILLA 82 Street Address (P.O. Box Number is Not Acceptable) 195 SW 15th Road Suite 205 83 84 City MIAMI FL 85 Zip Code 33129
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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 Elizabeth M. Villa (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D <input checked="" type="checkbox"/> DELETE	1.2 NAME ELIZABETH M CORNEJO	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME ELIZABETH M. VILLA
1.3 STREET ADDRESS 22205 SW 100 Ave.	1.3 CITY-ST-ZIP MIAMI, FL 33190	1.3 STREET ADDRESS 195 SW 15th Road Suite 205	1.3 CITY-ST-ZIP MIAMI, FL 33129
2.1 TITLE NAME <input type="checkbox"/> DELETE	2.2 STREET ADDRESS	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
2.3 CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 CITY-ST-ZIP	2.3 STREET ADDRESS
3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME JOHANNA LEPE
3.3 STREET ADDRESS	3.3 CITY-ST-ZIP	3.3 STREET ADDRESS 195 SW 15th Road Suite 205	3.3 CITY-ST-ZIP Miami, FL 33129
4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	4.3 CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.3 CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
6.3 STREET ADDRESS	6.3 CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 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, with all other like empowered.

SIGNATURE: Elizabeth M. Villa President 04-28-99 305-860-0108