

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90058 049 ***150.00

0180210

DOCUMENT # P98000056652

1. Corporation Name
EL EMPORIO, CORP.

Principal Place of Business
118 EAST FLAGLER STREET
MIAMI FL 33131

Mailing Address
782 NW LE JEUNE RD., STE. 434
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

Applied For

Not Applicable

94-3327466

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 248 E FLAGLER STREET
Suite, Apt. #, etc.

26 118 E FLAGLER STREET
Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

24 Zip
33131

25 Country
U.S.A.

29 Zip
33131

30 Country
U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, ANTONIO R
782 NW LE JEUNE RD., STE. 434
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME SOFOBICH, GUSTAVO
STREET ADDRESS 16400 COLLINS AVE., #2344
CITY-ST-ZIP M. BEACH FL 33160

1.1 TITLE PRESIDENT ☐ Change ☐ Addition
1.2 NAME GUSTAVO SOFOVICH
1.3 STREET ADDRESS 16400 COLLINS AVE #2344
1.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE DP ☐ DELETE
NAME FIORE, JOSE
STREET ADDRESS 17021 N. BAY RD. #206
CITY-ST-ZIP MIAMI FL 33160

2.1 TITLE VICEPRESIDENT ☐ Change ☐ Addition
2.2 NAME JOSE FIORE
2.3 STREET ADDRESS 17021 N. BAY RD #206
2.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE DS ☒ DELETE
NAME FERREIROS, MARCELO
STREET ADDRESS 400 LESUE DR. #1025
CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, trustee, or 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JOSE FIORE

04/28/99 (305)381-9991

Date

Daytime Phone #

CR2E034 (11/98)