

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  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90026 001 \*\*\*150.00

DOCUMENT # P98000062738

1. Corporation Name

EMER SERVICES USA, CORP.

Principal Place of Business

2924 #2C N.W. 55 AVE.  
LAUDERHILL FL 33313

Mailing Address

2924 #2C N.W. 55 AVE.  
LAUDERHILL FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8875 Ramblewood Drive

Suite, Apt. #, etc.

2002

City & State

Coral Springs

Zip

33071

Country

USA

2a. Mailing Address

8875 Ramblewood Drive

Suite, Apt. #, etc.

2002

City & State

Coral Springs

Zip

33071

Country

USA

9. Name and Address of Current Registered Agent

ALTUNSAN, ROSANGELA  
390 N.W. 39 STREET  
POMPANO BEACH FL 33498

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

65-0852425

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

Roberta Vieira Goncalves

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

8875 Ramblewood Drive 2002

83.

84. City

Coral Springs

FL

85. Zip Code

33071

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

Goncalves

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

(NOTE: Registered Agent signature required when reinstating)

04/02/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD CARDOSO, EMERSON LUIS

STREET ADDRESS 2924#2C N.W. 55 AVE.

CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ DELETE

NAME VPSD GONCALVES, ROBERTA V

STREET ADDRESS 2924 #2C N.W. 55 AVE.

CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☒ DELETE

NAME TD ALTUNSAN, ROSANGELA

STREET ADDRESS 390 N.W. 39 ST.

CITY-ST-ZIP POMPANO BEACH FL 33498

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)