

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

APPROVED
AND
FILED

79 10/2

99 OCT 28 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 100000 0000 0000 0000 0000 0000 0000 0000 0000

7-22-99 90010 029
DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000076040 1. Corporation Name ESMERALDA ENTERPRISES, INC.			
Principal Place of Business 10211 SOUTHWEST 13TH STREET MIAMI FL 33174		Mailing Address 10211 SOUTHWEST 13TH STREET MIAMI FL 33174	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/01/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0811068	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		9. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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		DATE	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DELIA	1.2 NAME	
STREET ADDRESS	10211 SOUTHWEST 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delia Cala	2.2 NAME	S/T CALA, DELIA
STREET ADDRESS	10211 SW 13th	2.3 STREET ADDRESS	10211 SW 13th
CITY-ST-ZIP	MIAMI FL 33174	2.4 CITY-ST-ZIP	MIAMI FL 33174
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

205 250 1343

CR2E034 (1/88)

ESMERALDA ENTERPRISES INC

10211 SW 13th St

Miami, FL 33174

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July 13, 1999

Secretary of State
Division of Corporations
Annual Report Section
P O Box 6327
Tallahassee, FL 32314

Attn: Tyrone

Re: Esmeralda Enterprises, Inc

Dear Tyrone:

As per your instructions, I have received a blank copy and have forwarded same to you for my renewal, which was done with the same accountant as my employer, but I did not want to include it in my appeal because it was of a personal nature and not business.

Please be kind enough and acknowledge receipt and corrected reinstatement of my corporation. All information remains the same and in good order.

You can fax me at (305) 871-1768 if you wish or just mail it to the above home address.

Thank you very much for your anticipated cooperation in this matter.

I remain, Sincerely

Delia Kennedy
Delia Kennedy
CC: Enclosures

To
Michelle Yilligan
850 487-6017

Note: This is a formal request for appeal, I relied on an accountant, third party source to prepare my forms and for my employer - never did. He also took off with all the files and my employees. Thank You.

As per your request.

*Thanks
Delia / Esmeralda*