

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90097 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000079063

1. Corporation Name
EMERE G CORP.

Principal Place of Business
10751 SW 168TH STREET
MIAMI FL 33157

Mailing Address
10751 SW 168TH STREET
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

65-0878027

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

2. Principal Place of Business

21 10751 SW 168 St.
Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 33157 Country
25 USA

2a. Mailing Address

26 10751 SW 168 St.
Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 33157 Country
30 USA

9. Name and Address of Current Registered Agent

GLAVE, ERIC C
10751 SW 168TH STREET
MIAMI FL 33157

10. Name and Address of New Registered Agent

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

TITLE President
NAME Eric C. Glave
STREET ADDRESS 10751 SW 168 St.
CITY-ST-ZIP Miami, FL 33157 ☐ DELETE

TITLE Vice-President
NAME Eric C. Glave
STREET ADDRESS 10751 SW 168 St.
CITY-ST-ZIP Miami, FL 33157 ☐ DELETE

TITLE Secretary
NAME MARIA I. GLAVE
STREET ADDRESS 10751 SW 168 St.
CITY-ST-ZIP Miami, FL 33157 ☐ DELETE

TITLE Treasurer
NAME ERICA M. GLAVE
STREET ADDRESS 10751 SW 168 St.
CITY-ST-ZIP Miami, FL 33157 ☐ DELETE

TITLE Board Member
NAME Erica M. Glave
STREET ADDRESS 10751 SW 168 St.
CITY-ST-ZIP Miami, FL 33157 ☐ DELETE

TITLE
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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)