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CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S15076 DOCUMENT # Corporation Name

(0)

FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP -9 PM 3: 22

EMBERS INTERNATIONAL, INC. Principal Place of Business Mailing Address 900001951419 7027 W. BROWARD BLVD 7027 W. BROWARD BLVD -09/19/96--01027--017 STE 382 STE 382 #####225_00 ####225_00 Qualified 3a, Date of Last Report **PLANTATION FL 33317** PLANTATION FL 33317 3. Date Incorporated or Qualified 11/29/1990 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0234864 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be \Box 23 28 Trust Fund Contribution Added to Fees Country Zio Z_{10} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 Yes No 25 30 Elorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STERN, GLORIA G. ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) LAW OFFICE OF PAT SCHUB 83 700 S.E. 3RD AVE., #404 FT. LAUDERDALE FL 33316 84 City 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 Fkirida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0508, Florida Statutes. SIGNATURE Signature, typed or printed narral of registered agent and title if applicative (NOTE: Projectored Agreet signature respected where relications) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 200 THLE DELETE 1 1 TIFLE Addition STERN, JEFFREY NAME 1.2 NAME CR2E034 7027 W. BROWARD BLVD 382 STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL** CITY-S1-ZIP DELETE TITLE 2 1 TITLE [Change Addition NAME 2.2 NAM6 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIF DELETE TITLE 3 1 TiTuE ☐ Change Addition NAME 3.2 NAM8 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City - ST - ZIE TITLE TT DELETE 4 1 THLE ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 CITY - ST - ZIF DELETE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or precion of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name hinged, or on an attachment with an address appears in Block 12 or E

5 4 CITY - ST - 2IP

6 3 STREET ADDRESS

6.4 CITY - \$1 - 7IP

6 1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-1

STREET ADDESS

CITY-ST-ZIP

TITLE

NAME

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

Change

Addition