

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S59073** (4)

1. Corporation Name  
**E.M. TRADING CORP.**

Principal Place of Business

**11510 NE 2ND AVE  
MIAMI FL 33136  
US**

Mailing Address

**11510 N.E. 2ND AVE  
MIAMI FL 33161-6631  
US**



3. Date Incorporated or Qualified  
**06/12/1991**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 **8170 W 30 Court**

Suite, Apt. #, etc.

22

City & State

23 **Hialeah, FL**

Zip

24 **33018**

Country

25 **Dade**

2a. Mailing Address

26 **8170 W 30 Court**

Suite, Apt. #, etc.

27

City & State

28 **Hialeah, FL**

Zip

29 **33018**

Country

30 **Dade**

4. FEI Number

**65-0268364**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MEZA, ROBERTO  
11711 S.W. 10TH STREET  
PEMBROKE PINES FL 33025**

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 of agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MEZA, ROBERTO**  
STREET ADDRESS **11711 S.W. 10TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☒ DELETE  
NAME **EGGARTER, ERIK**  
STREET ADDRESS **11711 S.W. 10TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

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 **D** ☐ Change ☒ Addition  
1.2 NAME **Meza, Edelmira**  
1.3 STREET ADDRESS **11711 SW 10 Street**  
1.4 CITY-ST-ZIP **Pembroke Pines, FL**

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 do 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.

SIGNATURE: **Roberto Meza**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**900002193519  
-05/28/97--01077--008  
\*\*\*495.00**

**4/29/97**

CR2E034 (9/96)