

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 # S90969

(4)

1. Corporation Name
THE OLD EMBERS COMPANY



Principal Place of Business
POST OFFICE BOX 144871
CORAL GABLES FL 33114-4871

Mailing Address
POST OFFICE BOX 144871
CORAL GABLES FL 33114-4871

3. Date Incorporated or Qualified
10/31/1991

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0296024

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

10. Name and Address of New Registered Agent

LEVIN, MARK
210 SHORE DRIVE SOUTH
SUITE 105
MIAMI FL 33133

81 Name

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

83 DELETE "SUITE 105"

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 willing to, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mark Levin PJD

(NOTE: Registered Agent signature required when reinstating)

4/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
MARK LEVIN
210 SHORE DR SOUTH
MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSD
FRANK FLETCHER
4410 SW 116 AVE
MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Change Addition

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:

Mark Levin PJD

4/14/97 305 854 4725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)