Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90075 018 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V24298**

. Corporation Name

EFEM, C	ORPORATION							
Principal Place	e of Business	Mailing Address					JERI DIBLI BREIL D	
12530 SW 8TH STREET 9572 SW 124TH TERRACE MIAMI FL 33184 MIAMI FL 33176 US US					DO NO 3. Date Incorporated or Qu 03/27/1992	T WRITE IN THIS	SPACE	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
125	32 S.W. 8" Street	26			65-0360100 -	<u>- · </u>	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Migmi, Fhonds 27					5. Certifcate of Status Des	ired 🗍	\$8.75 A Fee Re	
City & State City & State					6. Election Campaign Fina	ncing	\$5.00	May Be
33 33 /	184	28			Trust Fund Contribution		Added to	o Fees
Zip 24	Country Dade	Zip 3	Country 0		 This corporation owes the Personal Property Tax. 	ie current year Int		□No
1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of	New Registered	Agent	
500	FOLIL EDUADDO		81	Name	Fortoul, Ed	uardo		
FORTOUL, EDUARDO				Street	Address (P.O. Box Number is Not	cceptable)	~	
9056 S.W. 112TH PLACE MIAMI FL 33176				95	72 S.W.124"	Terrace	<u></u>	
IVII	MITE 33170		83					
			84		<i>Aiami</i>	FL	85 Zip (33,	176
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norizea by	tne corpo	corporation submits this statement oration's board of directors. I hereby	or the purpose of accept the appoi	changing its ntment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered age				equired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN	ID DIBECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				4	☐ Addition
NAME	FORTOUL, EDUARDO		1.2 NAME		Fortoul, Educ 95725.W. 124	Tours	06	
STREET ADDRESS	9056 S.W. 112TH PL		1.3 STREE	TADDRESS	95725.W.124	7 10176	CF	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP	Miami, FL.	<u> 33176</u>		
TITLE	STD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MENDEZ, EDUARDO		2.2 NAME					
STREET ADDRESS	DRESS 13710 S.W. 104TH TERR.			TADDRESS				
CITY-ST-ZIP	MIAMI FL		2.4 CITY-5	ST-ZIP				Addition
TITLE	☐ DELETE		3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					ļ
STREET ADDRESS		7		T ADDRESS				
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE				onange	
NAME			4. 2 NAME					
STREET ADDRESS			4	T ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-41)		☐ Change	☐ Addition
TITLE		C) PELEIE	5.2 NAME	j			_ •	
NAME STREET ADDRESS				T ADDRESS				• .
CITY-ST-ZIP			5.4 CITY-S					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				

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 supplier ental 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 of the receiver or pushes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND PIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

79 (305)551-7214 Daytime Phone #