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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

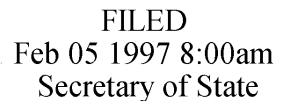
DOCUMENT # V66847

E.M.P. ENTERPRISES, INC.

(7)

Principal Place of Business

Mailing Address





15418 S.W. BOTH LANE MIAMI FL 33198		15416 S.W. 99TH LANE MIAMI FL 33196-3814					
					3. Date incorporated or Qualified 09/28/1992	3a. Date of Last Ri 06/11/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26			65-0358554	No	ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	⊢− 1 ' ' '		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zιρ	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
		f Current Registered Agent		71	10. Name and Address of New Re	Jistered Agent	
Lightman, Karen				81 Name			
1541	16 S.W. 99TH LANE		82 Street Addre		dress (P.O. Box Number is Not Acceptab	le)	
MIAI	MI FL 33196		8:	3		<u></u>	
			<u>_</u>	4 02.		[az 7:5	Code
			8	4 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 for the purpose of changing its registered agent at the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature for the purpose of changing its registered agent at the appointment as registered agent. I am familiar with an accept the obligations of the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with a part of the appointment as registered agent. I am familiar with							
12.		ERS AND DIRECTORS	13.	gorn arginolate req	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	LICHTMAN, KAREN		1,2 NAMI				
STREET ADDRESS	15416 S.W. 99TH LANE		1.3 STRE	ET ADDRESS			
C(TY+ST+Z)P	MIAMI FL 33196		1.4 CITY				
TITLE			2.1 TITLE			☐ Change	Addition
NAME		2.2 N				S. A. A.	
STREET ADDRESS			23 STRE	ET ADDRESS			}
CITY-ST-ZIP			2 4 CITY	-ST-ZIP			[
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAM	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			j
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE	MARKET 1121 112 1121 1121 1121 1121 1121 112	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS		*	
CITY-ST-ZIP			4.4 CITY	- ST- ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	**************************************		
THILE		DEFELE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	•			
STREET ADDRESS			6.3 STRE	et address			
CITY-ST-ZIF			6.4 CITY	-ST-ZIP			

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 anything appear to 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 appachment with an address.

KARENCICHON