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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000020662**
1. Corporation Name
ELEKTRA INTERNATIONAL GROUP INC

Principal Place of Business Mailing Address "Same"
**1355 W PALMETTO PARK ROAD, SUITE 146
BOCA RATON, FL 33486**

21. Principal Place of Business 1355 W PALMETTO PK RD	26. Mailing Address 1355 W PALMETTO PK RD
22. Suite, Apt. #, etc. 146	27. Suite, Apt. #, etc. 146
23. City & State BOCA RATON FL	28. City & State BOCA RATON FL
24. Zip 33486	29. Zip 33486

3. Date Incorporated or Qualified MARCH 17, 1994	3a. Date of Last Report
4. FEI Number 65-0474537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ELSIE SANCHEZ
343 ALMERIA AVE
CORAL GABLES, FL 33134**

10. Name and Address of New Registered Agent
81. Name **MAZI EDEN**
82. Street Address (P.O. Box Number is Not Acceptable)
7040 W PALMETTO PARK ROAD
83. **APT 435**
84. City **BOCA RATON** FL 85. Zip Code **33433**

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 *Mazi Eden* **MAZI EDEN, PRES** 4/25/95

12. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	NAME MAZI EDEN STREET ADDRESS 7040 W PALMETTO PARK ROAD CITY, ST., ZIP BOCA RATON, FL 33433
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST., ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST., ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST., ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST., ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.07(3)(b), Florida Statutes. I further certify that the information included 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 member 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: *Mazi Eden* **MAZI EDEN, PRES** 4/25/95 (407) 361-2636