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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000083811 (7)

EL BLAU, INC. Principal Place of Business Mailing Address 2548 MERCEDES DRIVE 2548 MERCEDES DRIVE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1994 08/09/1995 45-0637801 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required 6. Election Campaign Financing City & State City & State \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zφ Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURRAY, DAVID G 82 Street Address (P.O. Box Number is Not Acceptable) **321 SE 15 AVENUE** 83 FT LAUDERDALE FL 33301 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change: TITLE 1. 1 TITLE P ELSA HALDONADO MALDONADO, ELSA NAME 1.2 NAME 2549 MEYCEDES DI 2548 MERCEDES DR. STREET ADDRESS 1.3 STREET ADDRESS F+ LAUDERDALE FI 33314 FT LAUDERDALE FL 33316 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE ☐ Change: Addition NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP DELETE THILE 3 1 TITLE Addition 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE TITLE 4 1 TITLE Change: Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 4 4 CHTY-ST-ZIP DELETE THUE 5 1 TITLE NAME 5.2 NAME 100001807561 STREET ADDRESS 5.3 STREET ADDRESS -05/04/96--01004--005 5 4 CITY-ST-ZIP CITY-ST-ZIP ***200<u>.00</u> TITLE DELETE 6. 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6.4 CITY-ST-ZIP

SIGNATURE: The Work of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATION OR PRINTED NAME OF SIGNATION OF PRINTED NAME OF SIGNATION OF PRINTED NAME OF SIGNATURE OR DIRECTOR

CITY-ST-ZIP

Daytime Phone #

Date

CR2E034 (12/95)