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 # P94000083811 (7)

EL BLAU, INC.

Principal Place of Business

SEAR MEDICENES INDIVE

Mailing Address

2640 MEDCENES DONE

FILED May 29 1997 8:00am Secretary of State



FT LAUDERDALE PL 33316					FT LAUDERDALE FL 33316-2326				
									3. Date Incorporated or Qualified
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21				26					65-0537801 Not Applicable
Sulte, Apt. #, etc.				27					5. Certificate of Status Desired See Required
				<u> </u>	City & State				Election Campaign Financing \$5.00 May Be
Zip Country					Zrp Country				Trust Fund Contribution Added to Fees
Zip 24		25	Jountry	29	Zıp	├ ──¬	Jountry	/	8. This corporation has liability for intangible tax under s. 199.032,
9, Name and Address of Current					30 stered Agent				Florida Statutes Yes No 10. Name and Address of New Registered Agent
MURRAY, DAVID G								Name	
	SE 15 AVE		:						
					82 Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33301							83		
							84	City	FL 85 Zip Code
11. Pursuant	to the provis	ions o	of Sections 607.05	02 and €	607.1508, Florida Statut	los, the	above	e-named	ed corporation submits this statement for the purpose of changing its registered
office or r	egistered ag m familiar wi	ient, d th. ar	or both, in the Stated accept the oblid	e of Flori pations o	da. Such change was if Section 607 0505. Fil	authori orida S	ized by	y the corp	ed corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered
SIGNATURE									
	Signature, typed	or prin	ed name of registered as			FE Rogist	lered Age	ant signature	ure required when reinstating) DATE
12.			OFFICERS AN	ND DIRE		1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P				☐ DELETE	1.	FTITLE		Change Addition
NAME	MALDON					1.3	2 NAME		
STREET ADDRESS	2548 ME					1.1	3 STREET	ADDRESS	;
CITY-ST-ZIP	FI LAUD	EKU/	LE FL 33316				4 CITY - S	T-ZIP	
TITLE					☐ DELETE		1 TITLE		Change Addition
NAME							2 NAME		
STREET ADDRESS								ADDRESS	j
CITY-ST-ZIP TITLE					DELETE		4 CITY-S	ST-ZIP	
					בין מנונונ		1 TITLE		☐ Change ☐ Addition
NAME OTDEST ADDRESS							2 NAME		
STREET ADDRESS								ADDRESS	'
CITY-ST-ZIP TITLE				· · · · · · · · · · · · · · · · · · ·	DELETE		4. CITY - S 1 TITLE	51 - ZIP	Change Addition
NAME					- Decert		2 NAME		
STREET ADDRESS						1		ADDRESS	, and the second
CITY-ST-ZIP							4 CITY - S		
TITLE				-	DELETE		1 TITLE	1 211	Charge Addition
NAME						ŀ	2 NAME		
STREET ADDRESS						5.3	3 STREET	ADDRESS	45/19/80
CITY-ST-ZIP							CITY-S		1/10/1/
TITLE					DELETE		TITLE		☐ Change ☐ Addition
NAME						6.2	2 NAME		600002204686
STREET ADDRESS						6.3	STREET	ADDRESS	600002204686 -06/06/9701103025
CITY-ST-ZIP						6.4	CITY-S	T- 7 IP	***165.00

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 office 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