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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092335 (4)

1. Corporation Name
ELEVAGE FT. LAUDERDALE INC.



Principal Place of Business
**7979 NW 21 ST.
MIAMI FL 33126**

Mailing Address
**7979 NW 21 ST.
MIAMI FL 33126**

3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
4. FEI Number 65-0708333	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 262 Bryan Road.	2a. Mailing Address 262 Bryan Road.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State Dania, Florida	27 City & State Dania, Florida
23 Zip 33004	25 Country Broward
29 Zip 33004	30 Country Broward

9. Name and Address of Current Registered Agent
**CZETYRKO, CLAUDIA
3061 SW 142 AVE.
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUCO, LUIS	
STREET ADDRESS	2775 HACKNEY RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HURTADO, JORGE	
STREET ADDRESS	438 LAKEVIEW DR. #203M BLD. 95	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO	
STREET ADDRESS	3270 SW 175 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Hurtado Martha	
STREET ADDRESS	438 Lakeview Dr #203 Bldg 95	
CITY-ST-ZIP	Ft Lauderdale Fla, 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Duco Luis	
1.3 STREET ADDRESS	2775 Hackney Rd.	
1.4 CITY-ST-ZIP	Ft. Lauderdale	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hurtado Jorge	
2.3 STREET ADDRESS	438 Lakeview Dr # 203M Bld 95	
2.4 CITY-ST-ZIP	Ft Lauderdale FL 33326	
3.1 TITLE	Hurtado Martha V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hurtado Martha V.P.	
3.3 STREET ADDRESS	438 Lakeview Dr # 203M Bld 95	
3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33326	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gonzalez Julio	
4.3 STREET ADDRESS	3270 SW 175 AVE	
4.4 CITY-ST-ZIP	MIRAMAR FL 33029	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hurtado Martha	
5.3 STREET ADDRESS	438 Lakeview Dr. # 203 Bld 95	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 in an attachment with an address.

SIGNATURE _____ DATE **03-27-97** (954)926-5352

CP2E034 (9/96)