


**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90085 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S14017  
 1. Corporation Name  
 ELY & ALEX, CORP.



Principal Place of Business: 9636 SW 24TH ST. MIAMI FL 33165-8015  
 Mailing Address: 9636 SW 24TH ST. MIAMI FL 33165-8015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/21/1990	65-0292621	Not Applicable		
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>ORELLANA ELISEO 7322 S.W. 63RD COURT MIAMI FL 33143</del>				81 Name	ORELLANA ELISEO		
				82 Street Address (P.O. Box Number is Not Acceptable)	9636 SW 24th St		
				83	8015		
				84 City	MIAMI FL	85 Zip Code	33165

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: *Eliseo Orellana* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORELLANA ELISEO			1.2 NAME	ORELLANA ELISEA PSTD		
STREET ADDRESS	7322 S.W. 63RD COURT			1.3 STREET ADDRESS	9636 SW 24th St		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33165		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORELLANA ALEXANDRO			2.2 NAME	ORELLANA ALEXANDRO VPD		
STREET ADDRESS	7322 S.W. 63RD COURT			2.3 STREET ADDRESS	9636 SW 24th St		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI FL 33165		
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORELLANA DANIELA			3.2 NAME	ORELLANA DANIELA VDD		
STREET ADDRESS	7322 S.W. 63RD COURT			3.3 STREET ADDRESS	9636 SW 24th St		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33165		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Eliseo Orellana* 3-15-99 305-2255329  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Eliseo Orellana* 4-8-99 305-2255329

CR2E034 (11/98)