FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

222199

(2)

EL LEJOS INC

FILED Jun 04 1998 8:00am Secretary of State

<u> </u>				—	
] '	ce of Business	Mailing Address			
901 FALCON AVENUE 901 FALCON AVENUE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166					
				DO NOT WRITE IN T	THI S S PACE
				3. Date Incorporated or Qualified	
Ĺ <u> </u>				12/28/1964	
	Place of Business	2a. Mailing Address	ward 1	4. FEI Number	Applied For
21 797	y NW ATA OT	26 104/13 21x	13 SOHNE	59-1115956	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State			t	6. Election Campaign Financing	\$5.00 May Be
23 VIRGINIA SPROLING FOR CORAL GADIS			55 F	Trust Fund Contribution	Added to Fees
Zip Country 7ip			Country	8. This corporation owes or has paid th	
24 33/66 25 2,317 29 33/16 30			0 72517	Personal Property Tax due June 30.	Yes No
				10. Name and Address of New Regist	ered Agent
HOLMAN, ELSIE			81 Name	outes W. FADLE D	(A)
901 FALCON AVENUE			82 Street Addr	ese (P.O. Box Number is Not Acceptable)	.~
- MIAMI SPRINGS FL 33166			83 83	SW NOW MY	<u>ل</u>
			103		
			84 City	201 Gables	85 Zip Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation subrigits 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 pour of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE LEWIS 17 FO 9/5 de Surricht Dall					
Signature, typed or printed ratine of register of applicable (NOTE Registered/Agent signature required when reinstalling) DATE					
12.		ND DIRECTORS	13.	ADDITIONS/@HANGES TO OFFICERS	
TITLE	PD CLOIC	DELETE	1.1 TITLE		Change Addition
NAME	HOLMAN, ELSIE 901 FALCON AVENUE		1.2 NAME		
STREET ADDRESS	MIAMI SPRINGS FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		S S C DELETE I	1.4 CITY - ST - ZIP 2.1 TITLE	•	Change Addition
NAME	Estate of Elsi do Lewis H. Fogla	4 ANDER	2.2 NAME		
STREET ADDRESS	010 LOWIS 18 FOGLA	$\mathcal{A}_{\mathcal{R}_{\mathcal{N}}}$	2 3 STREET ADDRESS		
CITY-ST-ZIP	10KIS SW43 + F	DOF	2 4 CITY-ST-ZIP		
TITLE	CORPO GAPLES FI	33/17 DELETE	3.1 TITLE		Change Addition
NAME	The state of the s	-1/160	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
THLE	Parate :	DELETE	4.1 THTLE		Change Addition
NAME	LEWIS HITTOLE	77	4. 2 NAME		
STREET ADDRESS	104/2 12 W 73 3	ANG	4.3 STREET ADDRESS		
CITY-S1-ZIP	Coral Gables	F1 33156	4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	,	□ ottrit	6.1 HILE 6.2 NAME		L_1 Change L_1 Addition
STREET ADDRESS	· ·	!			
			63 STREET ADDRESS		
CITY-ST-ZIP	L		64 CITY-ST-ZIP		

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.

SIGNATURE:

7 730 798 (305) 6163-57985