

FILED

May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90009 029 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # 230636 ✓  
 1. Corporation Name  
Elite Falcon Company

Principal Place of Business      Mailing Address  
3729 SW 8 st. #101      Same  
Coral Gables, 33134      ←

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>3729 SW 8 st.</u> Suite, Apt. #, etc. 22 <u>101</u> City & State 23 <u>Coral Gables FL</u> Zip 24 <u>33134</u> Country 25 <u>USA</u>	2a. Mailing Address 26 <u>3729 SW 8 st.</u> Suite, Apt. #, etc. 27 <u>101</u> City & State 28 <u>Coral Gables, FL</u> Zip 29 <u>33134</u> Country 30 <u>USA</u>	4. FEI Number <u>59 0935004</u> 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <u>Ragan Gantt, CPA</u> <u>8220 SW 52nd Drive</u> <u>So. Miami, FL 33143</u>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 85 Zip Code
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<u>Blas Falcon</u>
STREET ADDRESS		1.3 STREET ADDRESS	<u>16881 SW 84 Avenue</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<u>Miami, FL 33157</u>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<u>Vice President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<u>Lisa Falcon</u>
STREET ADDRESS		2.3 STREET ADDRESS	<u>16881 SW 84 Avenue</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>Miami, FL 33157</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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:

BLAS FALCON  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/99Daytime Phone # 305 461 2180

CR2E034 (11/98)