

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 27 AM 8:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 333091 (7)**

**1. Corporation Name  
ELVIRA INCORPORATED**

**Principal Place of Business Mailing Address  
6325 MAYNADA 6325 MAYNADA  
CORAL GABLES FL 33146 CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 07/29/1968	<b>3a. Date of Last Report</b> 07/12/1994
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> 59-1284385		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> Country	<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>COHEN, JAY M 6325 MAYNADA CORAL GABLES FL 33146</b>				<b>81</b> Name			
				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
				<b>83</b>			
				<b>84</b> City	<b>FL</b>	<b>85</b> 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and date if available (NOTE: Registered Agent signature required when resubmitting) **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>P</b>	<b>1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>COHEN, JAY M.</b>	<b>12</b> NAME	
<b>STREET ADDRESS</b>	<b>6325 MAYNADA</b>	<b>13</b> STREET ADDRESS	
<b>CITY - ST - ZIP</b>	<b>CORAL GABLES FL</b>	<b>14</b> CITY - ST - ZIP	
<b>TITLE</b>	<b>V</b>	<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>COHEN, DIANE</b>	<b>22</b> NAME	
<b>STREET ADDRESS</b>	<b>6325 MAYNADA</b>	<b>23</b> STREET ADDRESS	
<b>CITY - ST - ZIP</b>	<b>CORAL GABLES FL</b>	<b>24</b> CITY - ST - ZIP	
<b>TITLE</b>		<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>32</b> NAME	
<b>STREET ADDRESS</b>		<b>33</b> STREET ADDRESS	
<b>CITY - ST - ZIP</b>		<b>34</b> CITY - ST - ZIP	
<b>TITLE</b>		<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>42</b> NAME	
<b>STREET ADDRESS</b>		<b>43</b> STREET ADDRESS	
<b>CITY - ST - ZIP</b>		<b>44</b> CITY - ST - ZIP	
<b>TITLE</b>		<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>52</b> NAME	
<b>STREET ADDRESS</b>		<b>53</b> STREET ADDRESS	
<b>CITY - ST - ZIP</b>		<b>54</b> CITY - ST - ZIP	
<b>TITLE</b>		<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>62</b> NAME	
<b>STREET ADDRESS</b>		<b>63</b> STREET ADDRESS	
<b>CITY - ST - ZIP</b>		<b>64</b> CITY - ST - ZIP	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 my address.**

**SIGNATURE:** *Jay M. Cohen* **DATE:** 4-11-95 **EXPIRES:** 4-15-2006  
SIGNATURE AND DATE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR