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PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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DOCUMENT # 335797 (7) 1. Corporation Name ELENA ORIGINALS, INC.								
					[] []]]] [] [] [] [] [] [] [] [)))		
Principal Plac	e of Business	Mailing Address						
9484 HARDI		9484 HARDING AVE						
SURFSIDE I	FL 33154	SURFSIDE FL 33154	,					
2 Principal P	lace of Business				 Date incorporated or Qualified 10/01/1968 		of Last I	
21	sace of business	2a. Mailing Address 26		4	4, FEI Number 59-1223877			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			711		\$9.7	Not Applicable 5 Additional
22 City & Stat	0	27			5. Certificate of Status Desired			Required
23	o .	City & State		6	5. Election Campaign Financing			00 Мау Ве
Z ip	Country	Zip	Country	8	Trust Fund Contribution This corporation has liability for			d to Fees
24	25 Namo and Address of Co.	29	30		Florida Statutes 🔲 Yes	S ANO		199.032,
	9. Name and Address of Cu	rrent Hegistered Agent	81 Nar). Name and Address of New	egistered a	Agent	
SCHWA	RTZ,LEONARD							
9484 H	ARDING AVENUE		82 Stre	et Address (F	P.O. Box Number is Not Acceptal	ble)		
Surf s	IDE FL 33154		83		7,000			
			84 City				1	
11. Pursuant t	Of the provisions of Sections 607.0	E02 and C02 4500 Ft 11 00 Till	84 City			FL		p Code
11. Pursuant to register	the provisions of Sections 607.0 ed agent, or both, in the State of F	502 and 607 1508, Florida Stati lorida. Such change was author	ites, the above-named	corporation :	submits this statement for the pu	FL rpose of cha		
	to the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	502 and 607.1508, Fiorida Statu lorida. Such change was author section 607.0505, Florida Statute	ites, the above-named	corporation : 's board of c	submits this statement for the pu directors. I hereby accept the app	FL rpose of cha pointment as		
SIGNATURE	Signature, types or printed name of registered a	gend and offerinapolicable (N	ites, the above-named			rpose of cha ointment as		
SIGNATURE:	Signature, types or printed name of registeres a OFFICERS	gerd and bliod apericable in AND DIRECTORS	ites, the above-namedized by the corporations. CH: Registered Agent signate			rpose of cha cointment as	nging its registered	registered office I agent. I am
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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 logal effect as if made under appears in Block 12 or Block 13 of management on an attachment with an olders.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96 305 866 8084