

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

**DOCUMENT #**  
1. Corporation Name

**514619**

**ELVA RETAIL INC**

Principal Place of Business

Mailing Address

**1312 E. LAS OLAS BLVD.  
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**2a. Mailing Address**

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip Country

**29** Zip Country

**3. Date Incorporated or Qualified**

**5 Nov 76**

**4. FEI Number**

**59-1760195**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Election Campaign Financing  
Trust Fund Contribution** ☐

**\$5.00 May Be  
Added to Fees**

**8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.** ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VALERIANO LOPEZ  
2612 ARBISCUO PLACE  
FT LAUDERDALE, FL 33301**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** 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 person signing) (NOTE: Registered Agent signature required when registering)

**DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE** ☐ DELETE  
**NAME** **PRESIDENT**  
**STREET ADDRESS** **VALERIANO LOPEZ**  
**CITY-ST-ZIP** **2612 ARBISCUO PLACE**  
**FT LAUDERDALE FL 33301**

**11 TITLE** ☐ Change ☐ Addition  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**21 TITLE** ☐ Change ☐ Addition  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**31 TITLE** ☐ Change ☐ Addition  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**41 TITLE** ☐ Change ☐ Addition  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**51 TITLE** ☐ Change ☐ Addition  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**61 TITLE** ☐ Change ☐ Addition  
**62 NAME**  
**63 STREET ADDRESS**  
**64 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.**

**SIGNATURE:**

**VALERIANO LOPEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**17 Apr 98**  
Date

**9545245211**  
Daytime Phone #

CR2E034 (10/97)