FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F65576 (3)

1. Corporation Name
ELAYO AMERICAS, INC.

Principal Place of Business	Mailing Address
% EDWARD E KUHNEL P. O. BOX 23927 FT LAUDERDALE FL 33307	% EDWARD E KUHNEL P. O. BOX 23927 FT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1982
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 2749 N.E. 33rd Street
Suite, Apt. #, etc. 22
City & State 23 Ft. Lauderdale, Fla
Zip 24 33306 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2184138 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUHNEL, EDWARD E
567 NE 42ND COURT
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: John Daniel Nyce, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 4367 N. Federal Hwy.
83
84 City: Ft. Lauderdale, FL 85 Zip Code: 33308

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 _____ 4/7/95
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	P/V	1.1 TITLE	V	☒ Change ☐ Addition
NAME	CUOLAHAN, GEORGE	1.2 NAME		
STREET ADDRESS	2751 PALM AIRE DR., N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	JOSEFSSON, ALF	2.2 NAME	Josefsson, Alf	
STREET ADDRESS	2751 PALM AIRE DR., N.	2.3 STREET ADDRESS	2749 N.E. 33rd Street	
CITY-ST-ZIP	POMPANO FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33306	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	CUOLAHAN, SYLVIA	3.2 NAME	resigned	
STREET ADDRESS	3003 TERRAMAR ST. #901	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	S/D	☐ Change ☒ Addition
NAME		4.2 NAME	Dvorak, Susan	
STREET ADDRESS		4.3 STREET ADDRESS	2749 N.E. 33rd Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, Fla 33306	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Dvorak, David	
STREET ADDRESS		5.3 STREET ADDRESS	6701 Carmel Rd. Suite 203	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Charlotte, N.C. 28226-3983	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: George J. Cuolahan FEB 28 1995 305-977-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE J. CUOLAHAN

0240700 CP