


**FILED**

**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90011 026 \*\*\*160.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F65576**

1. Corporation Name  
**ELAYO AMERICAS, INC.**



Principal Place of Business <b>2749 N E 33RD STREET</b> <b>FT LAUDERDALE FL 33306</b> <b>US</b>	Mailing Address <b>JOHN DANIEL NYCE, ESQ.</b> <b>4367 N. FEDERAL HWY.</b> <b>FT LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/11/1982</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>59-2184138</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>
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9. Name and Address of Current Registered Agent  
**JOHN DANIEL NYCE, ESQ.**  
**4367 N FEDERAL HIGHWAY**  
**FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent <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
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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. (NOT Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>JEFFERSON, ALF</b> STREET ADDRESS <b>2749 N E 33RD STREET</b> CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	1.1 TITLE <b>CORRECT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>JEFFERSON, ALF</b> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>DVORAK, SUSAN</b> STREET ADDRESS <b>2749 NE 33RD STREET</b> CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>DVORAK, DAVID</b> STREET ADDRESS <b>6701 CARMEL RD SUITE 203</b> CITY-ST-ZIP <b>CHARLOTTE NC</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>7131 STIRRUP COURT</b> 3.3 STREET ADDRESS <b>WEDDINGTON, N.C. 28105</b> 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 119.073(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 a title like empowered.

**SIGNATURE:**  **561-3525**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**564-6789**

CR2E034 (11/98)