

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

FILED

**Apr 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K50480 (8)

1. Corporation Name
ELIAS MANUFACTURING, INC.



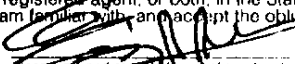
Principal Place of Business % ELIAS AKAR 14 NORTHEAST 1ST AVENUE #1112 MIAMI FL 33132	Mailing Address % ELIAS AKAR 14 NORTHEAST 1ST AVENUE #1112 MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/29/1988	
4. FEI Number 65-0086475	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 36 N.E 1st. Ave.	2a. Mailing Address 26 36 N.E 1st. Ave
Suite, Apt. #, etc. 22 STE 109	Suite, Apt. #, etc. 27 STE 109
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33132	Country 25 FL
29 33132	30 FL
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent AKAR, ELIAS 14 NORTHEAST 1ST AVENUE #1112 MIAMI FL FL 33132		10. Name and Address of New Registered Agent	
		81 Name ELIAS AKAR	
		82 Street Address (P.O. Box Number is Not Acceptable) 36 N.E 1st. Ave. Ste 109	
		83	
		84 City MIAMI	85 Zip Code FL 33132

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:  DATE: **3-30-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKAR, ELIAS	1.2 NAME	
STREET ADDRESS	14 NE 1ST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKAR, ANA	2.2 NAME	
STREET ADDRESS	14 NE 1ST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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; that 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:  DATE: **33098**

CR2E034 (10/97)