

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # **K56867** (0)
1. Corporation Name
EAST ELAN, CORP.



Principal Place of Business
**% JOSE A. SENDRA
613 SE 35 ST
CAPE CORAL FL 33904**

Mailing Address
**C/O J.A. SENDRA
P O BOX 1335
CAPE CORAL FL 33910-1335**

3. Date Incorporated or Qualified
01/09/1989

3a. Date of Last Report
11/12/1996

4. FEI Number
65-0179966

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent

**SENDRA, JOSE A.
613 SE 35 STREET
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DENEUMOSTIER, ANGEL	1.2 NAME	DENEUMOSTIER ANGEL
STREET ADDRESS	8390 WEST FLAGLER ST#208	1.3 STREET ADDRESS	1439 URBINO AVE
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	CORAL GABLES- FLA 33146
TITLE	TD	2.1 TITLE	TD
NAME	DENEUMOSTIER, NORMA P.	2.2 NAME	DENEUMOSTIER, NORMA P.
STREET ADDRESS	8390 WEST FLAGLER ST#208	2.3 STREET ADDRESS	1439 URBINO AVE
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	CORAL GABLES- FLA 33146
TITLE	SD	3.1 TITLE	SD
NAME	DENEUMOSTIER, EDUARDO	3.2 NAME	DENEUMOSTIER EDUARDO
STREET ADDRESS	8390 WEST FLAGLER ST#208	3.3 STREET ADDRESS	1439 URBINO AVE
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	CORAL GABLES- FLA 33146
TITLE	VSD	4.1 TITLE	VSD
NAME	SENDRA, JOSE A.	4.2 NAME	SENDRA JOSE A
STREET ADDRESS	8390 WEST FLAGLER ST#208	4.3 STREET ADDRESS	1439 URBINO AVE
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	CORAL GABLES- FLA 33146
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

941-5497757

0405721

CR2E034 (9/96)