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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/09/1989	3a. Date of Last Report 11/12/1996
4. FEI Number 65-0179966	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENEUMOSTIER, ANGEL	
STREET ADDRESS	8390 WEST FLAGLER ST#208	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DENEUMOSTIER, NORMA P.	
STREET ADDRESS	8390 WEST FLAGLER ST#208	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENEUMOSTIER, EDUARDO	
STREET ADDRESS	8390 WEST FLAGLER ST#208	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SENDRA, JOSE A.	
STREET ADDRESS	8390 WEST FLAGLER ST#208	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENEUMOSTIER ANGEL	
1.3 STREET ADDRESS	1439 URBINO AVE	
1.4 CITY-ST-ZIP	CORAL GABLES - FLA 33146	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DENEUMOSTIER, NORMA P.	
2.3 STREET ADDRESS	1439 URBINO AVE	
2.4 CITY-ST-ZIP	CORAL GABLES - FLA 33146	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DENEUMOSTIER EDUARDO	
3.3 STREET ADDRESS	1439 URBINO AVE	
3.4 CITY-ST-ZIP	CORAL GABLES - FLA 33146	
4.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SENDRA JOSE A	
4.3 STREET ADDRESS	1439 URBINO AVE	
4.4 CITY-ST-ZIP	CORAL GABLES - FLA 33146	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: *Sandra Mortham* **REQUIRED** Date: 4/21/97 Daytime Phone #: 941-5497757

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