


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

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <del>1439 URBINO AVE</del> <b>412 S.E. 33 ST.</b> CAPE CORAL FL 33904	Mailing Address C/O J.A. SENDRA P O BOX 1335 CAPE CORAL FL 33910
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/09/1989</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0179966</b>
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	30 Country
25 Country		30 Country
29 Country		30 Country
28 Zip		30 Country
29 Country		30 Country
28 Zip		30 Country
29 Country		30 Country

g. Name and Address of Current Registered Agent SENDRA, JOSE A. <del>619 SE 33 STREET</del> <b>412 S.E. 33 ST.</b> 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	<b>FL</b>	85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>DENEUMOSTIER, ANGEL</b>	1.2 NAME	<b>DENEUMOSTIER</b>
STREET ADDRESS	<del>1439 URBINO AVE</del>	1.3 STREET ADDRESS	<b>412 S.E. 33 ST.</b>
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	1.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>TD</b>	2.1 TITLE	<b>TD</b>
NAME	<b>DENEUMOSTIER, NORMA P.</b>	2.2 NAME	<b>DENEUMOSTIER NORMA P.</b>
STREET ADDRESS	<b>1439 URBINO AVE</b>	2.3 STREET ADDRESS	<b>412 S.E. 33 ST.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>
TITLE	<b>SD</b>	3.1 TITLE	<b>SD</b>
NAME	<b>DENEUMORTIER, EDUARDO</b>	3.2 NAME	<b>DENEUMOSTIER EDUARDO</b>
STREET ADDRESS	<b>1439 URBINO AVE</b>	3.3 STREET ADDRESS	<b>412 S.E. 33 ST.</b>
CITY-ST-ZIP	<b>CORLA GABLES FL</b>	3.4 CITY-ST-ZIP	<b>CAPE CORAL FL. 33904</b>
TITLE	<b>VSD</b>	4.1 TITLE	<b>VSD</b>
NAME	<b>SENDRA, JOSEA</b>	4.2 NAME	<b>SENDRA JOSE A.</b>
STREET ADDRESS	<b>1439 URBINO AVE</b>	4.3 STREET ADDRESS	<b>412 S.E. 33 ST.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	4.4 CITY-ST-ZIP	<b>CAPE CORAL FL. 33904</b>
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 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: *J.A. Sendra*

CF2E034 (10/97)