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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56867

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FILED
Mar 11 1998 8:00am
Secretary of State

EAST ELAN, CORP. Principal Place of Business Mailing Address % JOSE A. SENDRA MESS 44 4 4 12 5.E. 33 5 7. C/O J.A. SENDRA P O BOX 1335 CAPE CORAL FL 33904 CAPE CORAL FL 33910 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/09/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0179966 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intengible ☐ Yes □Ño 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name SENDRA, JOSE A. 913 SE-33 STREET 4/2 S. E. 33 ST. 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 Zip Code 85 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) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE Addition DENEUMOSTIER NAME DENEUMOSTIER, ANGEL 1.2 NAME CR2E034 412 5.6 33 5T. CAPE CORAL FC 33904 -1439 LIBBINO AVE STREET ADDRESS 1.3 STREET ADDRESS OGRAL GABLES FL CITY-ST-7P 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE DENEUMOSTIER NORMA ! DENEUMOSTIER, NORMA P. NAME 2.2 NAME 412 S.E 33 5T. 1439 URBINO AVE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL33904 CORAL GABLES FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE DENEUMOSTIER EDUARDO DENEUMORTIER, EDUARDO NAME 3.2 NAME 4125.E. 33 ST. CAPE CORAL FL. 33904 1439 URBINO AVE 3.3 STREET ADDRESS STREET ADDRESS **CORLA GABLES FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP **Change** VSD DELETE 4.1 TITLE Addition TITLE NDRA JOSE A. NAME SENDRA, JOSEA 4. 2 NAME 1439 URBINO AVE 4.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

13:111:00