

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L01996 (2)

1. Corporation Name
ELTA, INC.



Principal Place of Business
10101 COLLINS AVE.
SUITE 11F
BAL HARBOUR FL 33154
US

Mailing Address
10101 COLLINS AVE
SUITE 11F
BAL HARBOUR FL 33154-1656
US

3. Date Incorporated or Qualified
07/14/1989

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21. 10101 COLLINS AVE

Suite, Apt. #, etc.

22. 11F

City & State

23. Bal Harbour Fla

Zip

24. 33154

Country

25. US

2a. Mailing Address

26. 10101 COLLINS AVE

Suite, Apt. #, etc.

27. 11F

City & State

28. Bal Harbour Fla

Zip

29. 33154

Country

30. US

4. FEI Number
65-0156457

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

9. Name and Address of Current Registered Agent

TACHER, ELIAS
88-77 COLLINS AVENUE
APT. #1001
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature of the person who prepared the statement and filed it (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, ELIAS	1.2 NAME	
STREET ADDRESS	10101 COLLINS AVE., SUITE 11F	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BAL HARBOUR FL	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, PERLA	2.2 NAME	
STREET ADDRESS	10101 COLLINS AVE., SUITE 11F	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BAL HARBOUR FL	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, DAVID	3.2 NAME	
STREET ADDRESS	10101 COLLINS AVE., SUITE 11F	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BAL HARBOUR FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0208808

CR2E034 (9/96)