

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
32399-0001

APPROVED  
AND  
FILED

APR 27 1996 9:38

**DOCUMENT # L55743**

**(3)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

**ELMA ADVERTISING INC.**

Principal Office Address  
**11542 S.W. 6TH ST.  
SWEETWATER FL 33174  
US**

Alternate Address  
**11542 S.W. 6TH ST.  
SWEETWATER FL 33174  
US**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                  |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Registered in Country<br><b>03/02/1990</b>                                                                                                               | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>65-0195836</b>                                                                                                                               | Approved For<br>Not Acquisition              |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                    |                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                            |                                              |
| 8. Does corporation have liability for information filed under 15, 16a, 17, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |

|                                                                                                                          |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 2. Principal Office Address<br><b>21</b> South Atty # of<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Alternate Address<br><b>26</b> South Atty # of<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**MARINA, EVARISTO  
11542 S.W. 6TH STREET  
SWEETWATER FL 33174**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83 City                                               |             |
| 84 State                                              | <b>FL</b>   |

11. Pursuant to the provisions of Sections 601.04(4) and 601.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this 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 Sections 601.04(4) and 601.15(8), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Accepting

Signature of Registered Agent or Registered Agent Accepting

DATE

| 12. OFFICERS AND DIRECTORS                                                            |                | 13. ALTERNATE OFFICERS AND DIRECTORS |                |
|---------------------------------------------------------------------------------------|----------------|--------------------------------------|----------------|
| NAME<br><b>DP<br/>MARINA, EVARISTO L.<br/>11542 S.W. 6TH STREET<br/>SWEETWATER FL</b> | NAME           | NAME                                 | NAME           |
| STREET ADDRESS                                                                        | STREET ADDRESS | STREET ADDRESS                       | STREET ADDRESS |
| CITY & STATE                                                                          | CITY & STATE   | CITY & STATE                         | CITY & STATE   |
| ZIP                                                                                   | ZIP            | ZIP                                  | ZIP            |
| COUNTRY                                                                               | COUNTRY        | COUNTRY                              | COUNTRY        |
| NAME                                                                                  | NAME           | NAME                                 | NAME           |
| STREET ADDRESS                                                                        | STREET ADDRESS | STREET ADDRESS                       | STREET ADDRESS |
| CITY & STATE                                                                          | CITY & STATE   | CITY & STATE                         | CITY & STATE   |
| ZIP                                                                                   | ZIP            | ZIP                                  | ZIP            |
| COUNTRY                                                                               | COUNTRY        | COUNTRY                              | COUNTRY        |
| NAME                                                                                  | NAME           | NAME                                 | NAME           |
| STREET ADDRESS                                                                        | STREET ADDRESS | STREET ADDRESS                       | STREET ADDRESS |
| CITY & STATE                                                                          | CITY & STATE   | CITY & STATE                         | CITY & STATE   |
| ZIP                                                                                   | ZIP            | ZIP                                  | ZIP            |
| COUNTRY                                                                               | COUNTRY        | COUNTRY                              | COUNTRY        |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 601.04(4), Florida Statutes. I further certify that the information included 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 in public faith. That I am an officer or director of this corporation, or the receiver or trustee empowered to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Evaristo L. Marina* **EVARISTO L. MARINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/95 (305) 226-5956