

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L62043** (9)
1. Corporation Name
ELF CORPORATION



Principal Place of Business
**285 NATIONAL PL
UNIT 127
LONGWOOD FL 32750-6440
US**

Mailing Address
**285 NATIONAL PL #127
LONGWOOD FL 32750-6440
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **04/03/1990** 3a. Date of Last Report **01/19/1995**
4. FEI Number **65-0182635** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**RUIZ, REINALDO
10401 SW 49TH ST
MIAMI FL 33165**

81 Name **ERNESTO ALVAREZ**
82 Street Address (P.O. Box Number is Not Acceptable)
241 Canterclub Trail
83
84 City **Longwood** FL 85 Zip Code **32779**

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 *Ernesto Alvarez* **ERNESTO ALVAREZ - PRESIDENT** 01/17/96
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when fee is due.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	ALVAREZ, ERNESTO	
STREET ADDRESS	250 NATIONAL PLACE, U132	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	☒ DELETE
NAME	RUIZ, REINALDO	
STREET ADDRESS	10401 SW 49TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	ALVAREZ, ERNESTO	
1.3 STREET ADDRESS	241 Canterclub Trail	
1.4 CITY-ST-ZIP	Longwood, FL 32779	
2.1 TITLE	O	☐ Change ☒ Addition
2.2 NAME	MIRO, FRANK	
2.3 STREET ADDRESS	557 Pinellas Bay Way #111	
2.4 CITY-ST-ZIP	Saint Peterburg, FL 33715	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ernesto Alvarez* **ERNESTO ALVAREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/96 (407) 332-1211
Date Date Printed

CR2E034 (12/95)