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CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **M25660** (5)

1. Corporation Name  
**ELYRON INVESTMENTS, INC.**

*Amended*

Principal Place of Business: **829 NW 42ND AVENUE MIAMI FL 33126**  
Mailing Address: **829 NW 42ND AVENUE MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>01/10/1986</b>	36. Date of Last Report <b>04/08/1994</b>
4. FEI Number <b>59-2735976</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**ELYAKIM, RONEN  
12318 WEST DIXIE HIGHWAY  
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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 (Corporation, Officer or Director) \_\_\_\_\_ (Agent) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>ELYAKIM, RONEN</b>	1. TITLE <b>12 NAME</b>	400001547874 -07/27/95--01069--012 ****122.50 *****61.25
STREET ADDRESS <b>829 NW 42ND AVE.</b>	CITY, ST, ZIP <b>MIAMI FL 33126</b>	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE <b>VP</b>	15. NAME <b>Elyakim, Liza</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. STREET ADDRESS <b>829 NW 42 Ave</b>	17. CITY, ST, ZIP <b>Miami, FL 33126</b>	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY, ST, ZIP		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. CITY, ST, ZIP		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY, ST, ZIP		32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. CITY, ST, ZIP		33. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. CITY, ST, ZIP		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. CITY, ST, ZIP		42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. CITY, ST, ZIP		43. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. CITY, ST, ZIP		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. CITY, ST, ZIP		52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. CITY, ST, ZIP		53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. CITY, ST, ZIP		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. CITY, ST, ZIP		62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. CITY, ST, ZIP		63. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. CITY, ST, ZIP		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*LW*

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not equal, for the exceptions stated in Section 199.07(4)(b), 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 such 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