

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M25660 (5)**

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



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

3. Date Incorporated or Qualified: **01/10/1986**  
3a. Date of Last Report: **04/28/1995**

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

4. FEI Number: **59-2735976**  
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  
**ELYAKIM, RONEN  
12318 WEST DIXIE HIGHWAY  
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent  
81 Name: **ELYAKIM, RONEN**  
82 Street Address (P.O. Box Number is Not Acceptable): **13499 BISCAYNE BLVD APT 1708**  
83  
84 City: **NORTH MIAMI** FL 85 Zip Code: **33181**

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: *Ronen Elyakim* DATE: **4-19-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ELYAKIM, RONEN</b>	
STREET ADDRESS	<b>829 NW 42ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>ELYAKIM, LIZA</b>	
STREET ADDRESS	<b>829 NW 42ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>13499 BISCAYNE BLVD APT 1708</b>
1.4 CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>13499 BISCAYNE BLVD APT 1708</b>
2.4 CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronen Elyakim* DATE: **4-19-96** DAYTIME PHONE #: **305-640-8807**

CR2E034 (12/95)