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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000018806 (8)

1. Corporation Name:

ELIAN INTERANTIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% ANTONELLA GRIMALDI
5901 CAMINO DEL SOL #207
BOCA RATON FL 33433**

Mailing Address: **% ANTONELLA GRIMALDI
5901 CAMINO DEL SOL #207
BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **03/11/1993** 3a. Date of Last Report: **03/28/1994**

4. FEI Number: **65-0437652** 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 § 199.035, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State, Apt #, etc: **22** State, Apt #, etc: **27**

City & State: **23** City & State: **28**

Zip: **24** County: **25** Zip: **29** County: **30**

9. Name and Address of Current Registered Agent

**GRIMALDI, ANTONELLA
5901 CAMINO DEL SOL
#207
BOCA RATON FL 33433**

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 607.1908, 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

12. OFFICERS AND DIRECTORS

TITLE: D

NAME: GRIMALDI, ANTONELLA

STREET ADDRESS: 5901 CAMINO DEL SOL #207

CITY, ST, ZIP: BOCA RATON FL 33433

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: _____ Change Addition

12 NAME: _____

13 STREET ADDRESS: _____

14 CITY, ST, ZIP: _____

21 TITLE: _____ Change Addition

22 NAME: _____

23 STREET ADDRESS: _____

24 CITY, ST, ZIP: _____

31 TITLE: _____ Change Addition

32 NAME: _____

33 STREET ADDRESS: _____

34 CITY, ST, ZIP: _____

41 TITLE: _____ Change Addition

42 NAME: _____

43 STREET ADDRESS: _____

44 CITY, ST, ZIP: _____

51 TITLE: _____ Change Addition

52 NAME: _____

53 STREET ADDRESS: _____

54 CITY, ST, ZIP: _____

61 TITLE: _____ Change Addition

62 NAME: _____

63 STREET ADDRESS: _____

64 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)(b), Florida Statutes. I further certify that the information placed on the annual report or supplementary 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 (changed), or on an attachment with an address.

SIGNATURE:

Antonella Grimaldi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (607)392 6310
Date Title