SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000076824 (0)**

1. Corporation Name
ELM TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
15310 S.W. 57TH ST. MIAMI FL 33193-2505	1578 MADRUGA AVENUE 224 CORAL SPRINGS FL 33146 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1993	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0450661	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Treasurer's and Fund Coordinator's ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CORAL GABLES
Zip 24 / Country 25	Zip 29 33146 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUIZ, JOHN H PA 757 N.W. 27TH AVE. MIAMI FL 33125	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 198 NW 37 AVENUE 83 84 City MIAMI FL 85 Zip Code 33125

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE AT THIS TIME	
TITLE	PD	11 TITLE	PD/T ☒ Change ☐ Addition
NAME	LOPEZ, WIS R.	12 NAME	LOPEZ, LUIS R.
STREET ADDRESS	581 N.W. 82ND CT. #193	13 STREET ADDRESS	10411 S.W. 50 STREET
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FLORIDA 33165
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CUELLAR, EFRAIN	22 NAME	
STREET ADDRESS	15310 S.W. 57TH ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	NO LONGER A PARTNER ☒ Change ☐ Addition
NAME	RIVERO, MIGUEL	32 NAME	
STREET ADDRESS	2401 S.W. 104TH COURT	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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: _____ 7/28/95 305 471 0441 ext 121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067444 CP