


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90156 003 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P94000003755</b>			
1. Corporation Name <b>ELENA VAN KAMPEN INC.</b>			
Principal Place of Business <b>7800 RED ROAD SUITE 223B MIAMI FL 33143 US</b>		Mailing Address <b>7701 SW 180 TERR MIAMI FL 33157 US</b>	
2. Principal Place of Business 21 _____		2a. Mailing Address 26 _____	
Suite, Apt. #, etc. 22 _____		Suite, Apt. #, etc. 27 _____	
City & State 23 _____		City & State 28 _____	
Zip Country 24 _____ 25 _____		Zip Country 29 _____ 30 _____	
9. Name and Address of Current Registered Agent <b>VAN KAMPEN, ELENA V 16920 SW 87TH AVE MIAMI FL 33157</b>		10. Name and Address of New Registered Agent 81 Name <b>VAN KAMPEN, ELENA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7701 SW 180 TERRACE</b> 83 <b>MIAMI</b> 84 City <b>FL</b> 85 Zip Code <b>33157</b>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	DPVS	<input type="checkbox"/> DELETE	
NAME	VAN KAMPEN, ELENA		
STREET ADDRESS	7701 SW 180 TERR		
CITY-ST-ZIP	MIAMI FL 33157		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	VAN KAMPEN, ELENA		
STREET ADDRESS	7701 SW 180 TERR		
CITY-ST-ZIP	MIAMI FL 33157		
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			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)