Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90156 003 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400003755

1. Corporation Name

ELENA VAN KAMPEN INC.

}					
Principal Place	e of Business	Mailing Address		T (DESIDOR HE LORE) DIRH ROHL BOILS OFHE DOLL BRIDD HING 1000L BRID.	#141 1 881
		7701 SW 180 TERR MIAMI FL 33157		}	
MIAMI FL 33143 US				DO NOT WRITE IN THIS SPACE	
US				3. Date incorporated or Qualifed	}
				01/14/1994	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied	For	
21		26		65-0471474 Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Require	
City & State	Α	City & State		6. Election Campaign Financing 55.00 May	. B.
·	-	28		Trust Fund Contribution Added to Fe	1
Zip	Country	Zip	Country	This corporation owes the current year Intangible	-
24	[25]	29 30	¬ ´	Personal Property Tax.	lo I
[24]	9. Name and Address of Current			10. Name and Address of New Registered Agent	"
	KAMPEN, ELENA V		81 Name VAN	KAMPEN, Elena ess (P.O. Box Number is Not Acceptable)	
16920 SW 87TH AVE			770	1 CN/180 Terrace]
MIAMI FL 33157					
1			MII	AIVII	
1			84 City	FL 85 Zip Code	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature of 12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12
TITLE.	DPVS	DIRECTORS	1.1 TITLE		Addition
l i	VAN KAMPEN, ELENA	<u>— — — — — — — — — — — — — — — — — — — </u>	1.2 NAME	<u></u>	
NAME	7701 SW 180 TERR				ļ
STREET ADDRESS			1.3 STREET ADDRESS		{
CITY-ST-ZIP	MIAMI FL 33157	[] DELETE	1.4 CITY-ST-ZIP	☐ Change ☐	7 Addition
TITLE	 	☐ DELETE	2.1 TITLE	Change L	ן ייטוווסטא נ
NAME	VAN KAMPEN, ELENA	'	2.2 NAME)
STREET ADDRESS	7701 SW 180 TERR	2 7 7 7	2.3 STREET ADDRESS		.
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP		
TITLE		☐ DELĒTE	3.1 TITLE	☐ Change	Addition
NAME		1	3.2 NAME		
STREET ADDRESS	* - *		3.3 STREET ADDRESS		\
CITY-ST-ZIP	•		3.4, CITY-ST-ZIP		
TITLE		□ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}

14. I hereby certify that the information supplied with this filing 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 all other like empowered.

.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

Change

Change

☐ Addition

Addition