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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400008449 (8)

ELYSEE BAR, INC.

**SIGNATURE:** 

Principal Place of Bosiness Mailing Address  848 BRICKELL AVE. 848 BRICKELL AVE. SUITE 830 SUITE 830					
MIAMI FL 33131		MIAMI FL 33131-2943		3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Report 06/18/1996
2. Postal i ac	of Business BUD BUD	2a. Mailing Address 26 9400 S. DM	MALA ALUA	4, FEI Number	Applied For
Suite Apt #.	etcal a	I Swite.Ant #.∡at# 🚁	Frank BLUJ	65-0466328	Not Applicable  \$8.75 Additional
22 700	% GELFAM		ELFAN)	5. Certificate of Status Desired	Fee Required
City & State	MI FL	City & State	FL	Election Campaign Financing     Touch Fund Contribution	\$5.00 May Be
23] ///4. 24] 33 <i>15</i> 6	Country 25 USA	Zip	Country 30 US A	Trust Fund Contribution  8. This corporation has liability for it Florida Statutes	Added to Fees  ntangible tay under s. 199.032,  Yes No
MARTII 848 BF	9, Name and Address of Current N, MIGUEL A. IICKELL AVENUE	Registered Agent	81 Name 82 S 31 A 30	10, Name and Address of New Red	Show Agent
SUITE : MIAMI :	830 FL 33131		83 S	) 3. DADECITA )ITE POU VIDUI	FL 85 3986
11. Pursuant to to office or regingent. Lamid SIGNATURE	he provisions of Sections 607.050? stered agent, or both, in the Stat amiliar with and access the obligat	Milorida. Such change was au ighs of, Section 607,0505, Flor ELLIO	ithorized by the corporal ida Statutes  GE	poration submits this statement for the ption's board of directors. I hereby accept	urnose of changing its registered
12.	OFFICERS AND		Hogistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
-	P	DELETE	1.1 TITLE		Change
	IZAN, STEPHAN		1.2 NAME . 9	900 S. DADELAND BL	VD # 100
	48 BRICKELL AVE. STE. 830	•	1.3 STREET ADDRESS	GELFAND 'HIAH!	FL 33156
	HAMI FL 33131	DELETE	1.1011 07 21	ABOLAND LILLAND	· · · · · · · · · · · · · · · · · · ·
TILLE T	ATON ANNIE	C) bettie	2.1 TITLE 2.2 NAME		Change
	ATON, ANNIE 48 BRICKELL AVE., STE. 830		2.3 STREET ADDRESS	100 S doormo Bus	#16U
	MAMI FL 33313		2. 4 CITY-ST-ZIP	GELFAND HIAH!	F1 37156
TIFLE	W 4 11 1 C 400 10	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITA - 21 - 50-			3.4 City-St-Zip		
101.6		DELETE	4.1 TITLE		Change Addition
NAMe			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - Z61			4.4 CITY - ST - ZIP	***************************************	
TOT.E		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CMY - S1 - ZIP		DELETE.	5.4 CITY-ST-ZIP		Chance
10:1		□] otreit	6.1 TITLE		Change Addition
RAM!			6.2 NAME		
STREET ACORESS			6.3 STREET ADDRESS		
14. I do hereby o	cert by that the information suched	with this filing does not qualify	for the exemption stated	Lin Section 119 07(3)(i) Florida Statutes	s. I further certify that the
0!!Y-\$1-2/₹ <b>14.</b> I do hereby of information is	ndicated on this armual report or su	oplemental annual report is tru	6.4 CITY-ST-ZIP  for the exemption stated see and accurate and that	f in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida S	Leffect as if made under oat