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

AMENDE

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sep 12 1997 8:00am

VIAIA	1997			Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
DOCU 1. Corporation	IMENT ion Name	`# ,	P9	40000	0 12	-60	13					
V.	ELUNZA	CORP.										
Principal Place		SE HIGHWAY	Mailir	ng Address								
SUITE 1	04A							Ĭ				
COCCONUT	GROVE,	FLORIDA	33133					3. Date Incorporated or Qualified 02–16–94	3a. Date	of Last R	eporl	7
2. Principal (ness DIXIE HWY.	——	28. Mailing Address 26				4. FEI Number 65-0469526	Applied For Not Applicable			_
Suite, Apt 22 104A			Sı	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Sta	ate	E, FLORIDA		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 24 33133 25 DADE			Z1	Zιρ 30		гу		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
- 1	9. Name	and Address of C		ed Agent	1001			10. Name and Address of New Re				1
וזג יוצעיום	たべご みんけったく	R VELUNZA			8	1 Nar	ne					
		K VECONZA IE HIGHWAY			8	2 Stre	el Addre	ess (P.O. Box Number is Not Acceptate	ole)			1
SUITE 1		TE HTGUNANI			_							_
1		FLORIDA	22122		8	3						
	G10133)	LAOMEDE	33133		ē	4 City	/		FL	35 Zip (Code	1
	t to the provis registered at am familiar	sions of Sections 60 gent, or both, in the oth, and any opt the	0502 and 607. State of Florida Sulgations of 8	1508, Florida Statut Such change was a ection \$07.0505, Flo	es, the abo authorized orida Statut	ve-nan by the i	ned corpo corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of ch of the appoint	anging it tment as	s registered registered	
SIGNATURE		a printed rying of orgiste	ed agent another if it	plicable (NOT	E: Registered A	gent sign	ature require	of when reinstating)	DATE	<u></u>		
12.			AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR	S IN 12	୍ଲି
TITLE				☐ DELETE	1.1 TITLE		1	RECIOR		Change	Addition	ت ا
NAME					1.2 NAM		- 1	RT ALEXSANDER VELUN				8
STREET ADDRESS						ET ADDRE		000 S. DIXIE HIGHWAY			7	Ŋ
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NAME				_ otter	22 NAM			RECTOR	لبيا	Charige	Addition	
STREET ADDRESS						ET ADORE		IGELA A. OSPINA	~:	404-		
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NAME					6.2 NAM			0000023				
STREET ADDRESS	· [6.3 STRE	ET ADDRE	ss	-09/15/97011	U4~~U1	U		

14. I do hereby certify that the information supplied with this filling 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 supplied 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 thistee compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 1

SIGNING OFFICER OR DIRECTOR

09-05-97