FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000041469 (5)**

1. Corporation Name

ELBERT 13 ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~3561 W VINE STREET~~ ~~SUITE 310~~ ~~KISSIMMEE FL 34741~~ US	P.O. BOX 451815 KISSIMMEE FL 34744-9998

3. Date Incorporated or Qualified: 06/02/1994	3a. Date of Last Report: 05/31/1995
4. FEI Number: 59-3262281	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

21	11327 GRASSY COVE CIR	26	
22		27	
23	ORLANDO, FL. 32824	28	
24		29	
25	ORANGE	30	

2. Principal Place of Business — 2a. Mailing Address
Street Address, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

9. Name and Address of Current Registered Agent

LOPEZ, VICTOR
~~1711 MAPLESTEAD CR.~~
~~ORLANDO FL 32824~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Required Agent Signature required when requesting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, VICTOR		12 NAME		
STREET ADDRESS	~~1711 MAPLESTEAD CT.~~		13 STREET ADDRESS	11327 GRASSY COVE CIR	
CITY-ST-ZIP	~~ORLANDO FL 32824~~		14 CITY-ST-ZIP	ORLANDO, FL. 32824	
TITLE	V	☐ DELETE	21 TITLE	V	☑ Change ☐ Addition
NAME	~~OROPEZA, HECTOR~~		22 NAME	Alberto Lopez	
STREET ADDRESS	~~1711 MAPLESTEAD CT.~~		23 STREET ADDRESS	11327 GRASSY COVE CIR	
CITY-ST-ZIP	~~ORLANDO FL 32824~~		24 CITY-ST-ZIP	ORLANDO, FL. 32824	
TITLE	V - T - S	☐ DELETE	31 TITLE	T-S	☑ Change ☐ Addition
NAME	~~MARTINEZ, FRANCISCO~~		32 NAME	Carlos Lopez	
STREET ADDRESS	~~1715 MAPLESTEAD CT.~~		33 STREET ADDRESS	11327 GRASSY COVE CIR.	
CITY-ST-ZIP	~~ORLANDO FL 32824~~		34 CITY-ST-ZIP	ORLANDO, FL. 32824	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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)(k), 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 added above.

SIGNATURE: _____ 07/10/96 (407) 846-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)