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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY+S1-7IP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048056 (3)

ELEBRA NORTH AMERICA, INC.

1823 UNIVERSITY DRIVE 1823 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-6001 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1994 04/23/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 10750 WILES RO NOT APPLICABLE X Not Applicable 10750 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be CORAL SORINGS SPRINGS CORAL 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. US 33007 Yes No 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAKAYA, HELIO SAKAYA 1823 UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL SPRINGS FL 33071 83 City 84 Zip Code CORAL SPRINGS 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 affice 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 phigations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12 13. DELETE Change Addition 1.1 TITLE TOTLE SAKAYA, HELIO 1.2 NAME NAME 10750 WILES RP 1823 UNIVERSITY DRIVE 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CORAL SPRINGS, FL 1.4 CITY-ST-ZIP COY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME MAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DIFY-ST-ZIP DELETE 3.1 TITLE Change Addition THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-201 DELETE Change Addition 1114 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ALORESS 4.4 CITY-ST-ZIP CITY-ST 26 DELETE Change Addition THE 51 TITLE 52 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - \$1 - 762 5.4 CITY-ST-ZIP DELETE Change Addition Till:F 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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

14. I do 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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.