


FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000048056 (3) 1. Corporation Name ELEBRA NORTH AMERICA, INC.		
Principal Place of Business 1823 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 US		Mailing Address 1823 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-6001 US
2. Principal Place of Business 21 10750 WILES RD Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS, FL Zip Country 24 33067 25 US	2a. Mailing Address 26 10750 WILES RD Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS, FL Zip Country 29 33067 30 US	
g. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> SAKAYA, HELIO 1823 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 </div> <div style="width: 15%;"> 81 Name H 82 Street Address 10750 83 84 City CO </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE	M SAKAYA, HELIO <input type="checkbox"/> DELETE	1.1 TITLE
NAME	SAKAYA, HELIO	1.2 NAME
STREET ADDRESS	1823 UNIVERSITY DRIVE	1.3 STREET ADDRESS
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY - ST - ZIP		2.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: <i>[Signature]</i> HELIO SAKAYA		



CR2E034 (9/96)