

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

FILED

Apr 21 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000048224 (7)

1. Corporation Name  
EIFFO, INC.

## Principal Place of Business

3165 W 4TH AVE  
HIALEAH FL 33012

## Mailing Address

3165 W 4TH AVE  
HIALEAH FL 33012-53073. Date Incorporated or Qualified  
06/28/19943a. Date of Last Report  
06/25/1996

## 2. Principal Place of Business

21 300 SOUTH PINE ISLAND RD.  
Suite, Apt. #, etc.22 304  
City & State

23 PLANTATION FL

24 33324 25 USA

## 2a. Mailing Address

26 300 SOUTH PINE ISLAND RD.  
Suite, Apt. #, etc.27 304  
City & State

28 PLANTATION FL

29 33324 30 USA

4. FEI Number  
65-0519862Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

## 9. Name and Address of Current Registered Agent

KEIL, DANIEL M ESQ  
3165 W 4TH AVE  
HIALEAH FL 33012

## 10. Name and Address of New Registered Agent

81 Name  
JEFFREY A. SARROW ESQ  
82 Street Address (P.O. Box Number is Not Acceptable)  
300 SOUTH PINE ISLAND ROAD  
83  
84 City PLANTATION FL 85 Zip Code 33324

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

Jeffrey A. Sarrow

(NOTE: Registered Agent's signature is required when reinstating)

DATE

4-12-97

## 12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COFFIE, CARLTON	
STREET ADDRESS	3165 W 4TH AVE	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COFFIE, SHARON	
STREET ADDRESS	3838 SW 52ND AVE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COFFIE, CARLTON	
1.3 STREET ADDRESS	8931 S. LAKE DASNA DR.	
1.4 CITY - ST - ZIP	PLANTATION FL 33324	
2.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COFFIE, SHARON	
2.3 STREET ADDRESS	8931 S. LAKE DASNA DR.	
2.4 CITY - ST - ZIP	PLANTATION FL 33324	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANIEL L. KADIAN	
3.3 STREET ADDRESS	8931 S. LAKE DASNA DR.	
3.4 CITY - ST - ZIP	PLANTATION FL 33324	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

Daniel L. Kadian

4/12/97

954 472 8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0116065

CR2E034 (9/96)