FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

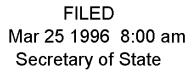
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P94000048908 (5)

DOCUMENT #

1. Corporation Name

ELECTROHOPE INC.



Principal Place of Business Mailing Address 245 EAST FLAGLER ST. 245 EAST FLAGLER ST.							
MIAMI FL		MIAMI FL 33132	•				
					3. Date incorporated or Qualified 06/30/1994	3a. Date of La 03/31	
2. Principal	Principal Place of Business 2a. Mailing Address						Applied For
21		26	26				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		dded to Fees
Zιρ	Country	Zip	⊢ ¬	ouritry	8. This corporation has liability for Florida Statutes 😾 Yes	intangible tax und 	ers 199.032,
24	25 9 Name and Address of Cu	29	30		10. Name and Address of New F		
	ARRAR, ELI			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
245 EAST FLAGLER ST.				83			
MIAM	AI FL 33132						
				84 City		FL B5	Zip Code
l or regis	int to the provisions of Sections 607.0 stered agent, or both, in the State of with, and accept the obligations of,	Florida. Such change was au	monzea by th	bove named corpo e corporation's boa	ration submits this statement for the purified of directors. Thereby accept the app	rpose of changing ointment as regisl	its registered office ered agent. I am
SIGNATUR	E Signature, typed or printed name of registered	agent acolitic il applicable	(NOT): Registe	red Aginst signar in-recom		DATE	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFF		
TILE	PTD	DELETE		1 TITLE	Change Addition		inge [_] Abouton
NAME	ELHARRAR, ELI			2 NAME			
STREET ADDRES				3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33132			1.4 CTY - ST - ZIP 2.1 TIRE Change		inge [] Addition	
TITLE				22 NAME		• 🗀	
NAME	BARNEY, MAGNOLIA 245 E. FLAGLER ST.		I -	3 STREET ADORESS			
STREET ADORE	MIAMI FL 33132		_	4 CHY-SI-ZIF			
CITY-S1-ZIP	MIMMI I C 33 132	DELETE		1 TITLE		☐ Chi	inge Addition

64 CITY-S1-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 shal have the same legal effect as if made under cath; that I am an officer or director of this 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 this dod, or on an attachment with an address.

3.2 NAME

4. 1 TO LE

4.2 NAME

5 1 MILE

5.2 NAME

6 1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CiTY - ST - ZIP

3.4 CI1Y - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

THTLE

NAME

THLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREE1 ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETÉ

3/19/96

305-318-9045

Change

Change

Change

Addition

☐ Addition

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