

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

FILED

Apr 22 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 # P94000070999 (5)

1. Corporation Name
E.L.D. ENTERPRISES, INC.



Principal Place of Business 18524 NW 67TH AVE #231 MIAMI FL 33015 US	Mailing Address 18524 NW 67TH AVE #231 MIAMI FL 33015-3302 US
--	---

3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report 04/22/1996
--	--

2. Principal Place of Business 21 7930 NW 36 STREET Suite, Apt. #, etc. 22 23-176 City & State 23 MIAMI FL Zip 24 33166	2a. Mailing Address 26 R-1521 Suite, Apt. #, etc. 27 P.O. Box 02-5330 City & State 28 MIAMI FL Zip 29 33102-5330	Country 30 U.S.
--	---	---------------------------

4. FEI Number 65-0522618	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DE JESUS, RAYSA C. 6755 NW 175 LANE #9C MIAMI FL 33015	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 7930 NW 36 STREET 83 SUITE No. 23-176 84 City MIAMI FL 85 Zip Code 33166
--	---

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 **RAYSA C. DE JESUS** DATE **4-16-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEJESUS, EDWIN	1.2 NAME	
STREET ADDRESS	18524 NW 67TH AVE #231	1.3 STREET ADDRESS	7930 NW 36 STREET #23-176
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **EDWIN DE JESUS** *Edwin De Jesus* DATE **4-16-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)