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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000087200 (9)

ELP ENTERPRISES USA, INC.

## FILED Jan 27 1997 8:00am Secretary of State

Principal Place	of Business	Mailing Address			
	T CAUSEWAY, UNIT 301 LLAGE FL 33141	1440 79 STREET CAUSEWA NORTH BAY VILLAGE FL 3			
				3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last Report 07/26/1996
2. Principal Plant	aco of Business 1 Hneo Blod.	2a. Mailing Address	46AUE	4. FEI Number 65-0557890	Applied For Not Applicable
Suite, Apt. (	#, etc	Suite, Apt #, etc.   C	)	5. Certificate of Status Desired	S8.75 Additional Fee Required
C <sub>1</sub> ) & State	Snokelines fl.	City & State	100 P	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 330	DOT 25 USA	29 33021	Country USA		☑ Yes ☐ No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PIER	CE & COMPANY, P.A.		81 Name	Kennoth be	U.89.10
	79TH STREET CAUSEWAY		82 Street Ad	dress (P.O. Box Number is Not Acceptal	oie) ii
UNIT 301				30H JP 01 00	-# A410
NORTH BAY VILLAGE FL 33141				•	•
				ouywood	FL 85 Zip Code
11. Pursuant l	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statute	s, the above-lamed co	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose of changing its registered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a stions of, Section 607,0505, Fig	utnortreg by the corpor rida <b>Sta</b> jutes.	ation's board of directors. I hereby acce	pt trie appointment as registered
SIGNATURE	Konnetha Po	WSER ILLING	40/0ml	tt Dan \	an 18-7+
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it applicable (NO/E	. Registered Agent signature red		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TULE	P	☐ DELETE	1.1 TITLE	'	Change Addition
NAME	PEYSER, KENNETH L		1.2 NAME	nenn Millhaus -	#ALLIA
STREET ADDRESS	1440 79 STREET CAUSEWAY,		1,3 STREET ADDRESS	2800 N46AUE- HOWWWDLA.	7770
CITY - ST - 7IP	NORTH BAY VILLAGE FL 3314		1.4 CITY-ST-ZIP	How wood H.	
TITLE	\$	☐ DELETE	2.1 TITLE		Change Addition
NAME	PIRRO, MICHAEL		2.2 NAME		
STREET ADDRESS	2821 SW 175 AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	ļ
CITY+ST+ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition

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 12 if changed, or on an attachment with an address.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE: X LUMBER OF PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1-1897959520

Change

Addition

Addition