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

PROFÍT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009079 1. Corporation Name

ELISHA ATTIAS, INC.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90009 021 ***150.00

LLIOIII										
Principal Place of Business Mailing Address										
10241 S.W. 143	BRD ST.	. 10241 S.W	. 10241 S.W. 143RD ST.							
MIAMI FL 3317	6	MIAMI FL 33176				DO MOT WEITE IN THE	CDACE			
						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							02/03/1995 4. FEI Number	1 400	olied For	
2. Principal P	Place of Business	2a. Mailing Address					<u> </u>			
21		26				65-0535419		Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	P P		
22		27						<u> </u>		
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00			
23		Zip Country				Trust Fund Contribution Added to Fees				
Zip Country					riu y		8. This corporation owes the current year Infanciable Personal Property Tax.			
24	25	29		30			10. Name and Address of New Registered	<u>- </u>		
	9. Name and Address of Cur	rent Registered A	.gent		81	Name	10. Name and Address of New Registered	- Agorit		
ATT	IAS, ELISHA	•			ا " ا	Maine	·			
10241 S.W. 143RD ST.				1	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
			<u></u>					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	215 1 1 2 2	
MIAMI FL 33176				83						
				l	84	City	——————————————————————————————————————	85 Zip C	ode	
<u> </u>							FL	E	- neistand	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1506	8, Florida Statut h change was a	es, the at	bove Lbv 1	e-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as reg	jistered	
agent. I a	am familiar with, and accept the obl	ligations of, Section	n 607.0505, Flo	rida Statu	ites.					
SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered	agent and title if applicab	le. (NOTE	: Registered	Agen	t signature required	d when reinstating) DATE			
12.	OFFICERS	AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS A		RS IN 12 Addition	
TITLE	D		□ DELETE	1.1 TIT	LE			☐ Change	L. Addition)	
NAME	ATTIAS, ELISHA		1.2 NA		ME				- 1	
STREET ADDRESS	10241 S.W. 143RD ST.			1.3 STR		ADDRESS			}	
CITY-ST-ZIP	MIAMI FL 33176			1.4 CIT		r-zip				
TITLE	D		□ DELETE	☐ DELETE 2.1 TIT				☐ Change	Addition	
NAME	ATTIAS, JACKIE		2.2 NA		ME		•			
STREET ADDRESS	10241 S.W. 143RD ST.	2.3 \$		2.3 ST	REET	ADDRESS	4 _			
CITY-ST-ZIP	MIAMI FL 33176		2. 4 CI	2. 4 CITY-ST-ZIP				<u> </u>		
TITLE		☐ DELETE		3.1 TIT	TLE				Addition	
NAME .				3.2 NA				☐ Change	LJ Addition	
STREET ADDRESS	11 .			5.2.0	ME			⁻ [Change	L] Addition	
CITY-ST-ZIP	1					ADDRESS		Change	Mark Common	
TITLE	6				REET			☐ Change		
···			DELETE	3.3 ST	REET			Change		
NAME			DELETE	3.3 ST 3.4. CI	REET ITY-S			1 13 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME		<u>.</u>	☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N	REET ITY-S ILE AME	T-ZIP		1 13 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS			DELETE	3.3 ST 3.4. CI 4.1 TH 4. 2 No 4.3 ST	TREET TY-S TLE AME	T-ZIP		1 13 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
STREET ADDRESS CITY-ST-ZIP			☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4. 2 N	TREET TY-S TLE AME TREET TY-SI	T-ZIP		19 (1) (1) (1) (1) (1) (2) (1) (1) (2)		
STREET ADDRESS CITY-ST-ZIP TITLE				3.3 ST 3.4. CI 4.1 TH 4.2 N 4.3 ST 4.4 CI	TREET TY-S TLE AME TREET TY-S TLE	T-ZIP		Change:	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				3.3 ST 3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CF 5.1 TII 5.2 N/	TREET TY-S TLE TREET TY-SI TLE AME	T-ZIP		Change:	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.3 ST 3.4. CI 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST	TREET TY-S TLE AME TREET TY-SI TLE AME	T-ZIP T ADDRESS T-ZIP T ADDRESS		Change:	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		☐ DELETE	3.3 ST 3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CF 5.1 TII 5.2 N/	TREET TY-S TLE TY-S TLE AME TY-S TLE AME TREET TY-S TY-S	T-ZIP T ADDRESS T-ZIP T ADDRESS		Change:	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3			3.3 ST 3.4. CI 4.1 TTT 4.2 NA 4.3 ST 4.4 CC 5.1 TTT 5.2 NA 5.3 ST 5.4 CF	REET ITY-S ILE AME TY-SI ILE AME TY-SI ILE TY-SI ITE	T-ZIP T ADDRESS T-ZIP T ADDRESS		Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.3 ST 3.4. CI 4.1 TTI 4.2 N 4.3 ST 4.4 CF 5.1 TTI 5.2 NA 5.3 ST 5.4 CF 6.1 TTI 6.2 NA	REET ITY-S ILE AME REET ITLE IREET ITLE ITTY-SI ITLE ITTY-SI ITLE	T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP		Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	3.3 ST 3.4. CI 4.1 TTI 4.2 N 4.3 ST 4.4 CF 5.1 TTI 5.2 NA 5.3 ST 5.4 CF 6.1 TTI 6.2 NA	TREET TY-S TLE AME TY-SI TLE AME TY-SI TLE TY-SI TLE TTY-SI TLE TREET	T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP		Change	Addition Addition	

ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information systematics shall have the same legal effect as if made under oath; that I am an required by Chapter 607 Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does not qualify for the exception indicated on this annual report or supplemental annual report is true and accurate and that my officer or director of the corporation or the receiver or trustee empowered to execute this report Block 12 or Block 13 if changed, or on an attachment with an address, with all other like graph.

SIGNATURE: SIGNATURE AND TYPED OR