

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000015877 (0)**

1. Corporation Name

ELH CORPORATION



Principal Place of Business

**5715 S.W. 57TH TERRACE
MIAMI FL 33143**

Mailing Address

**5715 S.W. 57TH TERRACE
MIAMI FL 33143**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

24

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9. Name and Address of Current Registered Agent

**CLIFF, NANCY J
11077 BISCAYNE BLVD.
SUITE 307
MIAMI FL 33161**

81 Name

HASSAN MANSOUR

82 Street Address (P.O. Box Number is Not Acceptable)

5715 SW 57TH TERRACE

83

84 City

MIAMI

FL

85 Zip Code

33143

11. Pursuant to the provisions of Sections 607.06(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE **HASSAN MANSOUR**

Date: 02/01/98

02/01/98

12. OFFICERS AND DIRECTORS

TITLE **DIP**
NAME **MANSOUR, HASSAN A**
STREET ADDRESS **5715 S.W. 57TH TERRACE**
CITY-STATE-ZIP **MIAMI FL 33143**

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is voluntary, furnished and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

HASSAN MANSOUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/98

CR2E034 (12/95)