FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P95000028139 (0)

1. Corporation Name

ELIMAR CORPORATION

Principal Place of Business	Mailing Address
1014 Salzedo Street Apt. 11 Coral Gables, FL. 33134	1014 Salzedo Street Apt 11 Coral Gables, FL. 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4010 S.W. 107 Avenue	26 4010 S.W. 107 Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, Florida	28 Miami, Florida
24 Zip 33165 / 25 Country U.S.A.	29 Zip 33165 / 30 Country U.S.A.

4. FEI Number: 65-0582795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Martinez, Eliseo E.
1014 Salzedo Street Apt. 11
Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name: Martinez, Carlos J.
82 Street Address (P.O. Box Number is Not Acceptable): 4010 S.W. 107 Avenue
83
84 City: Miami **FL** 85 Zip Code: 33165

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: Carlos J. Martinez (Name of Registered Agent and Title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE: 6/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '2	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MARTINEZ, ELISEO E 1014 SALZEDO STREET APT 11 CORAL GABLES, FL 33134 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DPST MARTINEZ, CARLOS J 7223 S.W. 127 Place MIAMI, FL 33183 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINEZ, ELISEO L 1014 SALZEDO STREET APT 11 CORAL GABLES, FL 33134 ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV RAMOS, ISRAEL 8867 S.W. 12 Street MIAMI, FL 33174 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTINEZ, CARLOS J. 1014 SALZEDO STREET APT 11 CORAL GABLES, FL 33134 ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 300001834233 -07/16/96--01042--021 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 7-15

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 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: Director 6/25/96 (305) 382-4835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carlos J. Martinez