

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 17 1997 8:00am  
Secretary of State

DOCUMENT # P95000035248 (0)

1. Corporation Name

ELEGANT WEDDINGS OF THE FALLS, INC.



Principal Place of Business

8888 SW 136TH ST #356  
MIAMI FL

Mailing Address

8888 SW 136TH ST #356  
MIAMI FL 33176-5801

3. Date Incorporated or Qualified  
04/28/1995

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip  
33176

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip  
33176

Country

4. FEI Number

65-0575599

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

RIVERO, LUIS J ESQ  
299 ALHAMBRA CIRCLE  
SUITE 401  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CRUZ, ERASMO  
STREET ADDRESS 8888 SW 136TH ST #356  
CITY-ST- ZIP MIAMI FL

DELETE

TITLE VTSD  
NAME CRUZ, MORALINDA  
STREET ADDRESS 8888 SW 136TH ST #356  
CITY-ST- ZIP MIAMI FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST- ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST- ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

305-252-9397

Daytime Phone #

CR2E034 (9/96)