SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000046981 (3) **ELEMENTS ADVERTISING & REPRESENTATIONS INC.** Mailing Address Principal Place of Business 141 N.E. 3RD AVE. 141 N.E. 3RD AVE. #201 MIAMI FL 33132 MIAMI FL 33132 3a. Date of Last Report 3. Date Incorporated or Qualified 06/16/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 45-0588904 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 unders 199 032 Country 8. This corporation has liability for intangible to Country Zip Yes Mo Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANTIAGO, PAULO Street Address (P.O. Box Number is Not Acceptable) 82 141 N.E. 3RD AVE. #201 83 **MIAMI FL 33132** 85 Zip Code 84 City 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 again of both, in the Single 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 objections of, Section 607.0505, Florida Statutes. 6.10.96 SIGNATURE (NO's flegs tend Agent agriculture required while reliast ring) alithe diapptorable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)AND DIRECTORS 13. DEFICERS 12. Change Addition DELETE 1.13071.6 TITLE CR2E034 1.2 NAME SANTIAGO, PAULO NAME 1.3 STREET ADOPESS % 141 N.E. 3RD AVE. #201 STREET ADDRESS **MIAMI FL 33132** 14 CiTY - ST - ZIP CHTY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 C(TY - ST - 7)P CITY-ST-ZIP Change Addition DELETE 31 IntlE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-ZIP CITY-S1-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAM NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Crange Addition DELETE STRIF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE JITLE 6.2 NAM6 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP 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 office of succion of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if all poled, or on an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/373-621)

6.10.96