PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047747

1. Corporation Name

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90003 036 ***150.00

| ELAH IN | ITEHNATIONAL, INC. | | | | | | | |
|---|--|----------------------------------|----------------|-----------------|--------------------------------|---|--------------------------------|---------------------|
| Principal Flac | e of Business | Mailing Address | | | | | | D14 B1811 (BB) (BA) |
| 4471 NW 36TH STREET 4471 NW 36TH STREET SUITE 200C SUITE 200C | | | Т | | | | | |
| MIAMI FL 33166 MIAMI FL 33166 | | | | | | DO NOT WRITE IN TH | IS SPACE | |
| US | | US | | | | 3. Date 1 reorporated or Qualified 06/16/1995 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | 1 | Applied For |
| 2126 | | | | | | 65-0592666 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stat | City & State | | | | 6. Election Campaign Financing | \$5.0 | 0 ⊣√lay-Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Adde | d to Fees |
| Zip | Country | Zip | Co | untry | | 8. This corporation owes the current year | | **7 |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | No |
| | 9. Name and Address of Cur | rent Registered Agent | | | | 10. Name and Address of New Registers | d Agent | |
| E) 14 | AN IODOF | 4 | | 81 | Name | | | |
| 447 | An, Jorge 1 NW 36th Street | | | 82 | Street At | dress (P.O. Box Number is Not Acceptable) | | |
| SUITE 200C | | | | 83 | | | | |
| MIA | MI FL 33166 | | | 84 | City | | . 85 Zi | C de |
| | | | | | _ | rporation submits this statement for the purpose | | |
| SIGNATURE | am famillar with, and as cept the obling famillar with, and as cept the obling familiar with familia | agent and title if applicable (N | OT :: Register | ed Agen | | red when reinstaling) DATE ADDITICINS/CHANGES TO OFFICERS | ND DIRECT | |
| 12 | | ANL: DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OFFICERS | Chang | |
| TITLE | PD STANDIA | ☐ DELETE | | TITLE | | | □ Onding | |
| NAME | ELIAN, MARIA J | | | NAME | | | | |
| STREET ADDRE 3S | • | | 1 | | ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | ☐ DELETE | | CITY-S | 1-ZIP | | ☐ Chang | e Addition |
| TITLE | | | | TITLE | | | | |
| NAME | | | | NAME | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | | CITY-S TITLE | IT-ZIP | | Chang | e Addition |
| TITLE | | | | NAME | | | | _ |
| NAME | | | | | TADDRESS | | | |
| STREET ADDRESS | | | | CITY-S | | | | |
| CITY-ST-ZIP | | ☐ DELETE | | TITLE | 11-211 | | Chang | e Addition |
| NAME | | | | NAME | 1 | | | |
| STREET ADDRESS | | | | | FADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-S | | | | |
| TITLE | | ☐ DELETE | | TITLE | | | Chang | e Addition |
| NAME | | | 5.2 | NAME | | | | |
| STREET ADDRESS | | | 53 | STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 | CITY-S | T-ZIP | | | |
| TITLE | - | ☐ DELETE | 6.1 | TITLE | | | ☐ Chang | e 🔲 Addition |
| NAME | | | 6.2 | NAME | | | | |
| STREET ADDRESS | ; | | 6.3 | STREE | T ADDRESS | | | |
| ,,, | 1 | | 6.4 | CITY-S | T. 719 | | | |

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further or ritiy that the information indicated on this annual report or supplemental a nual 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, with all other like empowered.

SIGNATURE: _

SIGNATUE E 100 THEOLER CONTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)