

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000050397 (5)

1. Corporation Name

ELAM CORPORATION

Principal Place of Business

492 E. 57TH ST.  
HIALEAH FL 33013

Mailing Address

492 E. 57TH ST.  
HIALEAH FL 33013



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1995

4. FEI Number

65-0615565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2489 WEST 70th STREET

Suite, Apt. #, etc.

22

City & State

23 HIALEAH, FLORIDA

Zip

24 33016

Country

25 DADE

2a. Mailing Address

26 P.O. BOX 3492

Suite, Apt. #, etc.

27

City & State

28 HIALEAH, FLORIDA

Zip

29 33013

Country

30 DADE

9. Name and Address of Current Registered Agent

DIAZ, MAYRA A  
492 E. 57TH ST.  
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

ELSA SAN JOSE

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

2489 WEST 70th STREET

83

HIALEAH, FLORIDA

84 City

FL

85 Zip Code

33016

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 fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☒ DELETE

NAME DIAZ, MAYRA A  
STREET ADDRESS 492 E. 57TH ST.  
CITY-ST-ZIP HIALEAH FL 33013

TITLE D ☒ DELETE

NAME DIAZ, MAYRA A  
STREET ADDRESS 492 E. 57TH ST.  
CITY-ST-ZIP HIALEAH FL 33013

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

1.2 NAME SAN JOSE, ELSA

1.3 STREET ADDRESS 2489 WEST 70th STREET

1.4 CITY-ST-ZIP HIALEAH, FLORIDA 33016 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME SAN JOSE, ELSA

2.3 STREET ADDRESS 2489 WEST 70th STREET

2.4 CITY-ST-ZIP HIALEAH, FLORIDA 33016 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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

1/17/98

(305) 827 9944

CR2E034 (10/97)