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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000051005 (3)

1. Corporation Name

ELISON GROUP, INC.

Principal Place of Business

400 SOUTH POINT DRIVE, #305
MIAMI BEACH FL 33139

Mailing Address

400 SOUTH POINT DRIVE, #305
MIAMI BEACH FL 33139-7300

3. Date Incorporated or Qualified
06/29/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0590882

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

2. Principal Place of Business

21 3611 COLLINS AV.

22 Suite, Apt. #, etc.
304

23 City & State
MIAMI BEACH FL.

24 Zip
33140

Country

2a. Mailing Address

26 3611 COLLINS AV.

27 Suite, Apt. #, etc.
304

28 City & State
MIAMI BEACH FL.

29 Zip
33140

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

ELIAS ERIC AZAGURY

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

3611 COLLINS AV.

83

304

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ELISON AZAGURY, ELIAS ERIC
STREET ADDRESS 400 SOUTH POINT DRIVE, #305
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D
NAME HAOUI, JEAN YZES
STREET ADDRESS 400 SOUTH POINT DRIVE, #305
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME ELISON AZAGURY ELIAS ERIC
1.3 STREET ADDRESS 3611 COLLINS AVENUE # 304
1.4 CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE DIRECTOR ☐ Change ☐ Addition
2.2 NAME HAOUI, JEAN YZES
2.3 STREET ADDRESS 3611 COLLINS AV. # 304
2.4 CITY-ST-ZIP MIAMI BEACH FL 33140

3.1 TITLE
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 19.07(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

Date

Daytime Phone #

0189193

CR2E034 (9/96)