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PROFIT
CORPORATION
ANNUAL REPORT

1999



DOCUMENT # P95000051005

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90076 043 ***150.00

ELISON GROUP, INC. Mailing Address Principal Place of Business 3611 COLLINS AVE 3611 COLLINS AVE #304 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date incorporated or Qualifed US 06/29/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 405 N. Hibiscus Dr. 65-0590882 Not Applicable 21 405 N. HIBISCUS \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box 802 210 Fee Required 200 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State ~ Miam Miam Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Country 3139 ()4 Yes ΠNo Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ELIAS ERIC AZAGURY Street Address (P.O. Box Number is Not Acceptable) 82 3611 COLLINS AVE #304 83 MIAMI BEACH FL 33140 Miami 84 City ections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered copy the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered agent, agent. I am familiarywith, AZAGUSY-SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE TITLE 405 N. Hibiscos Dr. #240 Miani, FL 33139 1.2 NAME ELISON AZAGURY, ELIAS ERIC NAME 1.3 STREET ADDRESS 3611 COLLINS AVE. #304 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Addition DELETE. 2.1 TITLE TITLE HAOUZI, JEAN YZES 2.2 NAME NAME 3611 COLLINS AVE, #304 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

Machine Evic A 2aguly
NATURE AND PRINTED MANIE OF SIGNING OFFICER OR DIRECTOR

1/19/99

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