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 CORPORATION **ANNUAL REPORT**



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

1996

	MENT # P950	00090537 (8))			
D055	ELDORF, INC.					
Principal Place of Business Mailing Address						
1428 BRICKELL AVENUE 1428 BRICKELL AVEN EIGHTH FLOOR EIGHTH FLOOR MIAMI FL 33131 MIAMI FL 33131			JE		Data laceraceted a Qualified	
					3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1995	
	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
Suite Apt.	1				/3-3880759 Not Applicable \$8.75 Additional	
27		⊢ '''			5. Certificate of Status Desired Fee Required	
City & State	** ····· · · · · · · · · · · · · · · ·		City & State		6. Election Campaign Financing 5.00 May Be	
23	28				Trust Fund Contribution Added to Fees	
Z(p 24	Country 25	Zip Co 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent	
	anaster, Joshua D esq		81	Name		
1428 BRICKELL AVENUE EIGHTH FLOOR			82	Street A	Address (P.O. Box Number is Not Acceptable)	
			83			
М	IAMI FL 33131					
			84	84 City FL 85 Zip Code		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob-	ite of Florida. Such change was a	uthorized by:	-named co the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
12.	Stgnature by en or printed name of registered Of FICE 85 a	agen: and title if applicable (NOT AND DIRECTORS	E Registered Age	nt signature re	equired when recovering) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1 I TITLE		Por St. d. Front Change M. Addition	
NAME	MANASTER, JOSHUA D ESQ.		1.2 NAME		Allan D. Atlas 8415 SIU 107 Avenue	
STREET ADDRESS 1428 BRICKELL AVENUE						
CITY-ST-ZIP	MIAMI FL 33131		14 City-S	1 - ZIP	Main, Florida 33173	
TITLE		DELETE	2 1 TITLE		Change Addition	
NAME STREET ADDRESS	9		2 2 NAME	4Dobese		
CITY-ST-ZIP			2 3 STREET ADDRESS 2 4 CITY - ST - ZIP			
THILE			31 TITLE	51 - 21F	Change Addition	
NAME	_		3.2 NAME			
STREET ADDRESS	DRESS		3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY - 9	ST - ZIP		
TITLE			4 1 TITLE		Change Addition	
NAME EXPECT APPROVES	proces		4 2 NAME	ADORES		
STREET ADDRESS DITY-ST-ZIP			4 3 STREET 4 4 City - S			
TITLE		DELETE	51 THTLE	1 - 2 IF	Change Addition	
NAME		bead	5 2 NAME			
STREET ADDRESS			5 3 STREE I	ADDRESS		
CITY-ST-ZIP			5 4 CITY - S	T - ZIP		
THILE	DELETE E		6 1 TITLE	Γ	Change Addition	
NAMÉ			6 2 NAME			
STREET ADDRESS			6 3 STREET			
CITY-ST-ZIP	ny certify that the information supp	lied with this films is voluntarily to	64 CHY-S		qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes 1	
further ce	rtify that the information indicated.	on this annual report or supplements of the cornoration of the cornoration of the rece	intal annual r	eport is tru	ue 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or or an attachment with an address

GNATURE:

SIGNATURE AND TYPETON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAY ATLAS

6/6/96

3.05-274-5920

SIGNATURE: