

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000024855 (4)

1. Corporation Name
E.L. & L. ENTERPRISES, INC.

Principal Place of Business
**1647 WEST 72 STREET
HIALEAH FL 33014**

Mailing Address
**1647 WEST 72 STREET
HIALEAH FL 33014-4442**

2. Principal Place of Business

21 **12856 SW 66 TER**
Suite, Apt. #, etc.

22 **W-N PLAZA**
City & State

23 **MIAMI FL**
City & State

24 **33183** 25 **DA DE**
Zip Country

2a. Mailing Address

26 **SAME**
Suite, Apt. #, etc.

27
City & State

28
Zip Country 30

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 **LOYDA WILTZ**
Signature, typed or printed name of registered agent and tax preparer (if applicable)

(PRINT) Registered Agent signature required when necessary

DATE

11/20/97

12. OFFICERS AND DIRECTORS

TITLE ADDITION
NAME **PSTD WILTZ, LOYDA M**
STREET ADDRESS **6722 NORTHWEST 188TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **PSTD**
1.3 STREET ADDRESS **WILTZ LOYDA**
1.4 CITY-ST-ZIP **12856 SW 66 TERRACE W-N**
2.1 TITLE Change Addition
2.2 NAME **MIAMI FL 33183**

2.3 STREET ADDRESS **800002368868-4**
2.4 CITY-ST-ZIP **-12/10/97-01114-006**
3.1 TITLE *****750.00 ***750.00**
3.2 NAME Change Addition

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
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

FILED

97 DEC -8 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified **03/20/1996** 3a. Date of Last Report

4. FFI Number **65-0652286** 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

10. Name and Address of New Registered Agent

81 Name **LOYDA WILTZ**
82 Street Address (P.O. Box Number is Not Acceptable) **12856 S.W. 66 TER.**
83 **WOODGATE NORTH**
84 City **MIAMI FL** 85 Zip Code **33183**

(Handwritten signature)

(Handwritten initials)

14. I do 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 the filing.

SIGNATURE

(Handwritten signature)

CR2E034 (9/96)