

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000066889**

1. Corporation Name

E.L.P. DEVELOPERS, INC.

Principal Place of Business

PO BOX 654207
MIAMI FL 33265-4207
US

Mailing Address

PO BOX 654207
MIAMI FL 33265-4207
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23

City & State

28

City & State

24

29

Zip

30

Country

Zip

25

Country

Country

26

27

28

29

30

9. Name and Address of Current Registered Agent

**DE YURRE, VICTOR H
701 BRICKELL AVE., 16TH FLOOR
MIAMI FL 33131**

81 Name **DE YURRE, VICTOR H**
82 Street Address (P.O. Box Number is Not Acceptable)
550 BRICKELL AVE SUITE # 501
83
84 City **MIAMI FL** Zip Code **33131**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SECD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, FRANCISCO J JR	1.2 NAME	
STREET ADDRESS	7941 SW 89 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO-PORTAR, LUIS A	2.2 NAME	
STREET ADDRESS	4025 IRVINGTON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-6111	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, ERELIO	3.2 NAME	
STREET ADDRESS	410 SEVILLA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE: *Erelio Pena*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90015 035 ***550.00

593129- 90015 - 35



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1996

4. FEI Number

65-0691887

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year

Intangible Personal Property

Yes No

CR2E034 (5/99)

7-16-1999 305-227-2202

Daytime Phone #

006156