

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (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

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

07-21-1999 90015 035 ***550.00

DOCUMENT # **P96000066889**

1. Corporation Name

E.L.P. DEVELOPERS, INC.



593129 - 90015 - 95

Principal Place of Business

PO BOX 654207
MIAMI FL 33265-4207
US

Mailing Address

PO BOX 654207
MIAMI FL 33265-4207
US

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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

85 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

TITLE	SECD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, FRANCISCO J JR	
STREET ADDRESS	7941 SW 89 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRIETO-PORTAR, LUIS A	
STREET ADDRESS	4025 IRVINGTON AVE	
CITY-ST-ZIP	MIAMI FL 33133-6111	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PENA, ERELIO	
STREET ADDRESS	410 SEVILLA AVE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	PENA, ERELIO
3.4 CITY-ST-ZIP	5106 GRANADA BLVD
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	CORAL GABLES, FL 33146
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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** **ERELIO PENA**

7-16-1999 305-227-2202

CR2E034 (5/99)

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