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

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P96000080633

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90176 036 ***150.00

AL ELIAS	S HOLDINGS, INC.					
Dringinal Diago	of Business	Mailing Address				
Principal Place of Business 7150 SW 62ND AVE. SOUTH MIAMI FL 33143 Mailing Address 7150 SW 62ND AVE. SOUTH MIAMI FL 33143						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						09/26/1996
2. Principal Pl	lace of Business	2a. Mailing Address		_		4. FEI Number Applied For
21		26				65-0735665 Not Applicable
	#, etc.	Suite, Apt. #, etc.	¬ '			5. Certificate of Status Desired Fee Required
City & State	<u> </u>	City & State		_		6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
			[1	81	Name	,
ELIAS, GEORGE JR. 7150 SW 62ND AVE.				82	Street A	t Address (P.O. Box Number is Not Acceptable)
SOUTH MIAMI.FL,33143			ļ.	83		
			-	84	City	85 Zip Code
						FL S Z C C C C C C C C C
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						a required when reinstating) DATE
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	gen	t signature re	o required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITL	 .E		☐ Change ☐ Addition
NAME	ELIAS, ALBERT S	_	1.2 NAN			
STREET ADDRESS	7150 SW 62ND AVE.		1.3 STR	REET	ADDRESS	S
CITY-ST-ZIP	SOUTH MIAMI FL 33143		1.4 CIT	Y-ST	-zip	
TITLE	S	☐ DELETE	2.1 TTTL	_		☐ Change ☐ Addition
NAME	CHACON, JEAN P		2.2 NAM	Æ		
STREET ADDRESS	7150 SW 62ND AVE.		2.3 STR	REET.	ADDRESS	5
CITY-ST-ZIP	SOUTH MIAMI FL 33143		2. 4 CIT	Y-51	T-ZIP	
TITLE		☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME			3.2 NA	Æ		
STREET ADDRESS			3.3 STR	REET	ADDRESS	s
CITY-ST-ZIP			3.4. CIT	Y-\$1	T-ZIP	
TITLE		☐ DELETE	4.1 TITL	Æ		Change Addition
NAME			4. 2 NA	MĒ	į	
STREET ADDRESS			4.3 STR	REET	ADDRESS	S
CITY-ST-ZIP			4.4 CIT		-ZIP	
TITLE	•		5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAA			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	□ DELETE	5.4 CIT		-ZIP	☐ Change ☐ Addition
TITLE		☐ ĐELETE	6.2 NAA			Change Addition
NAME					ADORESS	
STREET ADDRESS			0.3 3 (1	~= 1		~ ı

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 attachylent with an address, with all other like empowered.

SIGNATURE: