

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90148 041 \*\*\*150.00

DOCUMENT # P96000096350

1. Corporation Name  
ELIMAR INTERNATIONAL CORP.

Principal Place of Business  
6970 SW 112 STREET  
MIAMI FL 33156  
US

Mailing Address  
6970 SW 112 STREET  
MIAMI FL 33156  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/25/1996

4. FEI Number  
15-0704096

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUSSO, MARK E ESQUIRE  
ROTH, MILNE & ROUSSO  
9350 S. DIXIE HIGHWAY, PH 2  
MIAMI FL 33156

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 V  
NAME ZILBERSTEIN, REBECA  
STREET ADDRESS 6970 SW 112 STREET  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE PRESIDENT - DIRECTOR  
1.2 NAME ZILBERSTEIN, REBECA  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME NOVICK, PABLO  
STREET ADDRESS 6970 SW 112 STREET  
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE DIRECTOR  
2.2 NAME NOVICK, PABLO  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME NOVICK, ELIZABETH  
STREET ADDRESS 6970 SW 112 STREET  
CITY-ST-ZIP MIAMI FL 33156

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME NOVICK, MARIEL  
STREET ADDRESS 6970 SW 112 STREET  
CITY-ST-ZIP MIAMI FL 33156

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: PABLO NOVICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/10/99 305-6626963

Date

Daytime Phone #

CR2E034 (11/98)