

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000006658 (3)

1. Corporation Name
ELICA CORP.

Principal Place of Business
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

Mailing Address
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/23/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		X Applied For	
24 Country		29 Country		Not Applicable	
				5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADMONSON, CARLA 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131				81 Name LUIS CANEJO			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3450 NW 36 St			
				83			
				84 City MIAMI			
				FL 85 Zip Code 33143			

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, in 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

3/24/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Dp	DE ALMEIDA, JOEDE BRAGA		1.1 TITLE	Change Addition		
NAME				1.2 NAME			
STREET ADDRESS		501 BRICKELL KEY DRIVE, SUITE 400		1.3 STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33131		1.4 CITY-ST-ZIP			
TITLE	Dvp	ALMEIDA, RANIEL G		2.1 TITLE	Change Addition		
NAME				2.2 NAME			
STREET ADDRESS		501 BRICKELL KEY DRIVE, SUITE 400		2.3 STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33131		2.4 CITY-ST-ZIP			
TITLE	Dst	DE ALMEIDA, LOYDE GONCALVE		3.1 TITLE	Change Addition		
NAME				3.2 NAME			
STREET ADDRESS		501 BRICKELL KEY DRIVE, SUITE 400		3.3 STREET ADDRESS			
CITY-ST-ZIP		MIAMI FL 33131		3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE	Change 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:

3/24/98 (305) 634-4775

CR2E034 (10/97)