

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 30, 1999 8:00 am
Secretary of State

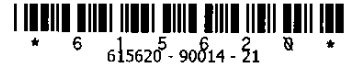
08-30-1999 90009 005 ***558.75

DOCUMENT #

1. Corporation Name

ELICA CORP.

P97000006658



Principal Place of Business Mailing Address

501 Brickell Key Drive
Suite 400
Miami, Florida 33133

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/97

2. Principal Place of Business

21 1070 S.W. 46th Ave.

Suite, Apt. #, etc.

22 #211

23 Pompano Beach, FL

24 33069 25 U.S.

2a. Mailing Address

26 1070 S.W. 46th Ave.

Suite, Apt. #, etc.

27 #211

28 Pompano Beach, FL

29 33069 30 U.S.

4. FEI Number

65-0835301

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 Tax.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

Luis Camajó
3450 N.W. 36th Street
Miami, Florida 33142

10. Name and Address of New Registered Agent

81 Name

Orlando Hoyos

82 Street Address (P.O. Box Number is Not Acceptable)

757 N.W. 27th Avenue

83 Suite

Suite 204

84 City

Miami

FL

85 Zip Code

33125

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 remitting)

8/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE Director ☐ DELETE

NAME Joede Braga De Almeida

STREET ADDRESS 1070 S.W. 46th Avenue, #211

CITY-ST-ZIP Pompano Beach, FL 33069

TITLE Director ☐ DELETE

NAME Rafael G. Almeida

STREET ADDRESS 1070 S.W. 46th Avenue, #211

CITY-ST-ZIP Pompano Beach, FL 33069

TITLE Director ☐ DELETE

NAME Loyde Goncalves De Almeida

STREET ADDRESS 1070 S.W. 46th Avenue, #211

CITY-ST-ZIP Pompano Beach, FL 33069

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE R/D Loyde Goncalves De Almeida ☒ Change ☐ Addition

1.2 NAME 1070 S.W. 46th Avenue, #211

1.3 STREET ADDRESS Pompano Beach, FL 33069

1.4 CITY-ST-ZIP

2.1 TITLE Ellen Almeida ☐ Change ☒ Addition

2.2 NAME 1070 S.W. 46th Avenue, #211

2.3 STREET ADDRESS Pompano Beach, FL 33069

2.4 CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME Elica Almeida

3.3 STREET ADDRESS 1070 S.W. 46th Avenue, #211

3.4 CITY-ST-ZIP Pompano Beach, FL 33069

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/99 (305) 905-8853

Date

Daytime Phone #

CR2E034 (11/98)