PROFIT
CORPORATION
ANNUAL REPORT
**1999**

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

**FILED**
**May 05, 1999 8:00 am**
**Secretary of State**
05-05-1999 90189 043 ***150.00

DOCUMENT # **P97000069225**

1. Corporation Name

**ELROAM INVESTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 18531 NW 43RD AVE<br>MIAMI FL 33055 | P.O. BOX 170337<br>HIALEAH FL 33017 |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed<br>**08/11/1997** |
| 21 _1289 WATERVIEW CT_ | 26 _PO BOX 170337_ | 4. FEI Number **65-0770222** / Applied For / Not Applicable |
| Suite, Apt. #, etc. / 22 | Suite, Apt. #, etc. / 27 | 5. Certifcate of Status Desired ☐ / **$8.75** Additional Fee Required |
| City & State / 23 _FT. LAUDERDALE, FL_ | City & State / 28 _HIALEAH FL_ | 6. Election Campaign Financing Trust Fund Contribution ☐ / **$5.00** May Be Added to Fees |
| Zip 24 _33326_ / Country 25 _BROWARD_ | Zip 29 _33017_ / Country 30 _DADE_ | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SANTANA, ELEANOR<br>18531 NW 43RD AVE<br>MIAMI FL 33055 | 81 Name _ELEANOR SANTANA_<br>82 Street Address (P.O. Box Number is Not Acceptable) _1289 WATERVIEW CT_<br>83<br>84 City _FT. LAUDERDALE_ FL 85 Zip Code _33326_ |

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 _ELEANOR SANTANA, PRES._ Signature, typed or printed name of registered agent and title if applicable / _Eleanor Santana, pres_ (NOTE: Registered Agent signature required when reinstating) / DATE _4/28/99_

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE **D** | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME **SANTANA, ELEANOR** | | 1.2 NAME | | |
| STREET ADDRESS **18531 NW 43RD AVE** | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP **MIAMI FL 33055** | | 1.4 CITY-ST-ZIP | | |
| TITLE _VICE PRESIDENT_ | ☐ DELETE | 2.1 TITLE _VICE PRES_ | _ROBERT SANTANA_ | ☐ Change ☑ Addition |
| NAME _ROBERT SANTANA_ | | 2.2 NAME | _1289 WATERVIEW CT_ | |
| STREET ADDRESS _1289 WATERVIEW CT_ | | 2.3 STREET ADDRESS | _FT LAUDERDALE FL_ | |
| CITY-ST-ZIP _FT LAUDERDALE, FL_ | | 2.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 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, with all other like empowered.

SIGNATURE: _Eleanor Santana / ELEANOR SANTANA, PRES._ _385-7196_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (11/98)