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

FILED
Aug 11 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 # P97000088553 (7)

1. Corporation Name
ELIRON, SIGNS CORP., INC.

Principal Place of Business	Mailing Address
628 N.W. AVENUE L SUITE 3 BELLE GLADE FL 33430	628 N.W. AVENUE L SUITE 3 BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1701 NE Ave L Suite, Apt. #, etc. 23 Belle Glade FL Zip 24 33430 Country 25 USA	2a. Mailing Address 26 1701 NE Ave K Suite, Apt. #, etc. 27 28 Belle Glade FL Zip 29 33430 Country 30 USA

3. Date Incorporated or Qualified: 10/14/1997

4. FEI Number: 650654596 ☐ 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 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
NEGRON, JEFER 628 N.W. AVENUE L SUITE 3 BELLE GLADE FL 33430	81 Name: Lidia S Negron 82 Street Address (P.O. Box Number is Not Acceptable): 1701 NE Ave K 83 84 City: Belle Glade FL 85 Zip Code: 33430

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: Lidia S. Negron (NOTE: Registered Agent signature required when reinstating) DATE: 5-1-98

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~NEGRON, ELIAS~~ Lidia S. Negron	1.2 NAME	
STREET ADDRESS	~~628 N.W. AVE. L STE. 3~~ 1701 NE Ave K	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEGRON, JEFER	2.2 NAME	
STREET ADDRESS	~~628 N.W. AVE. L STE. 3~~ 1701 NE Ave K	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	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	200002613582
STREET ADDRESS		6.3 STREET ADDRESS	-08/12/98--01015--021
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

8.11

CR2E034 (10/97)

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: 5/1/98 561-996-3185