

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

DOCUMENT # P97000094402

1. Corporation Name
ELB INVESTMENTS AND HOLDINGS, INC.

Principal Place of Business
2900 SW 118 AVE.
MIAMI FL 33175

Mailing Address
2900 SW 118 AVE.
MIAMI FL 33175

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90068 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1997	
4. FEI Number 65-0879527	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BOVO, ESTEBAN L SR.
2900 SW 118 AVE.
MIAMI FL 33175

10. Name and Address of New Registered Agent

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

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	BOYD, E M	
STREET ADDRESS	2900 SW 118 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BOYD, E A	
STREET ADDRESS	2400 SW 118 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	BOYD, E L	
STREET ADDRESS	2900 SW 118 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOYD, E M	
1.3 STREET ADDRESS	2900 SW 118 AVE	
1.4 CITY-ST-ZIP	MIAMI FL 33175	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOYD, E A	
2.3 STREET ADDRESS	2400 SW 118 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33175	
3.1 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOYD, E L	
3.3 STREET ADDRESS	2900 SW 118 AVE	
3.4 CITY-ST-ZIP	MIAMI FL 33175	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)