


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

|  |   |   |
|--|---|---|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

RECEIVED  
 04/17/1998  
 10:00  
 DIVISION OF CORPORATIONS



**DOCUMENT # P98000034966**  
 1. Corporation Name  
**ELDON ENTERPRISES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>1221 BRICKELL AVENUE<br>SUITE 900<br>MIAMI FL 33131 | Mailing Address<br>1221 BRICKELL AVENUE<br>SUITE 900<br>MIAMI FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>21 1221 BRICKELL AVE<br>22 900<br>23 MIAMI F  | 2a. Mailing Address<br>26 SAME<br>27<br>28 | 3. Date Incorporated or Qualified<br>04/17/1998   | 4. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable    |
| 24 33131 25 USA   | 29 30                                      | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent<br>MILITANA, JOHN<br>8801 BISCAYNE BLVD.<br>SUITE 101<br>MIAMI FL 33138 |  | 10. Name and Address of New Registered Agent<br>81 Name JOE VOLPEZ<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>801 BRICKELL AVE SUITE 900<br>83<br>84 City MIAMI FL 85 Zip Code 33131 |  |

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]* DATE 1/25/98

Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOUTO, WALTER                   | 12 NAME   |   |
| STREET ADDRESS             | 1221 BRICKELL AVENUE SUITE 900  | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | MIAMI FL 33131                  | 14 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 22 NAME   |   |
| STREET ADDRESS             |                                 | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 32 NAME   |   |
| STREET ADDRESS             |                                 | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 42 NAME   |   |
| STREET ADDRESS             |                                 | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 52 NAME   |   |
| STREET ADDRESS             |                                 | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 62 NAME   |   |
| STREET ADDRESS             |                                 | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 64 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 checked, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1/25/98 (305) 388 8701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER SOUTO

CR2E034 (1/198)