

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90213 035 \*\*\*150.00

DOCUMENT # P98000044035

1. Corporation Name  
ELINA VACATIONS, INC.

Principal Place of Business

13155 IXORA COURT  
#801  
NORTH MIAMI FL 33181

Mailing Address

13155 IXORA COURT  
#801  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1998

4. FEI Number

65-0835979

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1747 VAN BUREN STR

Suite, Apt. #, etc.

22 SUITE 850

City & State

23 HOLLYWOOD FL

Zip

24 33020

Country

25 USA

2a. Mailing Address

26 1747 VAN BUREN STR

Suite, Apt. #, etc.

27 STE 850

City & State

28 HOLLYWOOD FL

Zip

29 33020

Country

30 USA

9. Name and Address of Current Registered Agent

STAMATOPOULOS, JOHN  
13155 IXORA COURT  
#801  
NORTH MIAMI FL 33181

Address Change

10. Name and Address of New Registered Agent

81 Name

STAMATOPOULOS JOHN

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

83 21230 NE 23 CT

84 City

N. MIAMI BCH

FL

85 Zip Code

33180

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 DP ☐ DELETE

NAME STAMATOPOULOS, JOHN  
STREET ADDRESS 13155 IXORA COURT, #801  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☒ Change ☐ Addition

1.2 NAME STAMATOPOULOS JOHN

1.3 STREET ADDRESS 21230 NE 23 CT

1.4 CITY-ST-ZIP N MIAMI BCH FL 33180

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: John Stamatopoulos PRES MARCH 05 99 (954) 9274 881

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)