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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P98000049953**1. Corporation Name

ELUIS CORP.

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90002 031 ***158.75



Principal Place of Business Mailing Address						1 18911001 110 10101 10111 00111 00111 00111 00111 0	AILT BIBAB (BIID 1810)	1 01400 1111 FOOF	
12820 S.W. 8TH STREET 12820 S.W. 8TH STREET									
MIAMI FL 3318	4-1309	MIAMI FL	MIAMI FL 33184-1309				DO NOT WOLTE IN T		
							DO NOT WRITE IN T 3. Date Incorporated or Qualifed	HIS SPACE	
							06/04/1998		
2. Principal P	Place of Business	2a, Mailin	g Address				4, FEI Number	O J Ar	pplied For
21		26	26				65-084044	-/ H	ot Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22		27					5. Certificate of Status Desired	Fee Re	equired
City & Stat	le	— ·	City & State				6. Election Campaign Financing		May Be
23 Zip	Country	28					Trust Fund Contribution	·	to Fees
—	Zip Country 25 29		Zip Country 30				This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curre		\aent	30			10. Name and Address of New Register		LINO
		9	-		81	Name	10. The distribution of the state of the sta	ou rigoni	
	TOVENIA, ERIC				22	C1	(D.O. Day March and A. M.A. A.		
	20 S.W. 8TH STREET				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		.]
MIAN	VII FL 33184-1309				83		79-200-200 to 100		
					84	City		05 7:-	Cada .
						•		·L	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	B, Florida Statut	es, the al	ove	-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section	n 607.0505, Flo	rida Statu	ıtes.	ine corporatio	on s board or directors. I hereby accept the ap	pointment as re	gisterea
SIGNATURE								•	Ì
40	Signature, typed or printed name of registered ag		<u>`</u>		Agent	t signature required	when reinstating) DATE		
TITLE	PD OFFICERS A	ND DIRECTORS	DELETE	13.	16		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	RS IN 12
NAME	SANTOVENIA, ERIC			1.2 NA				□ Citange	Addition }
STREET ADDRESS	12820 S.W. 8TH STREET					ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184-1309			1.4 CIT					
TITLE	SVD		DELETE	2.1 TIT		-211		Change	Addition
NAME	SANTOVENIA, MARLENE			2.2 NAM		-		<u> </u>	- ,
STREET ADDRESS	12820 S.W. 8TH STREET		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33184-1309			2.4 CI					
TITLE			☐ DELETE	3.1 TIT				Change	Addition
NAME				3.2 NA	ME	-			
STREET ADDRESS				3.3 ST	REET	ADDRESS			
CITY-ST-ZIP				3.4. CI	ry-st	- ZIP			
TITLE			☐ DELETE	4.1 TIT	LE			Сhaпge	☐ Addition
NAME				4. 2 NA	ME		•		
STREET ADDRESS				4.3 STI	REET	ADDRESS			
CITY-ST-ZIP			<u></u>	4.4 CIT		- ZIP			
TITLE			☐ DELETE	5.1 TIT			•	☐ Change	☐ Addition
NAME				5.2 NA		*DDDEEC			
STREET ADDRESS						ADDRESS			
CfTY-ST-ZIP TITLE			DELETE	5.4 CIT 6.1 TITI		- ZIP	-	Chan	☐ Addition
				6.2 NA				☐ Change	☐ Addition
NAME STREET ADDRESS					_	ADDRESS			
STREET ADDRESS				0.3 5 11		ZID ZID			

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 in an attachment with an address, with all other like empowered.

SIGNATURE: