

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 # P98000071330 1. Corporation Name ELIAS SANTOS, INC.			
Principal Place of Business 1300 N.E. 125 Street North Miami, FL 33161-5938		Mailing Address	
2. Principal Place of Business 21 10910 W. Flagler St. Suite, Apt. #, etc. 22 No. 118 City & State 23 Miami, FL Zip Country 24 33174 25 USA		2a. Mailing Address 26 10910 W. Flagler St. Suite, Apt. #, etc. 27 No. 118 City & State 28 Miami, FL Zip Country 29 33174 30 USA	
9. Name and Address of Current Registered Agent ELIAS SANTOS 1300 N.E. 125 Street North Miami, FL 33161			
81 Name 82 MAYDOLIS BOFILL 83 Street Address (P.O. Box Number is Not Acceptable) 10910 W. Flagler St. 84 No. 118 85 City Miami, FL 33174			
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 <i>X Blegura</i> <i>Maydolis Bofill</i> , Pres. MAYDOLIS BOFILL 2/12/99 (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS TITLE Pres., Sec., Treas., Dir. <input checked="" type="checkbox"/> DELETE NAME ELIAS SANTOS STREET ADDRESS 1300 N.E. 125 Street CITY-ST-ZIP North Miami, FL 33161 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 11 TITLE Pres., & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME MAYDOLIS BOFILL 13 STREET ADDRESS 10910 W. Flagler Street, No. 118 14 CITY-ST-ZIP Miami, FL 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 21 TITLE Treas. & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME MANUEL BOFILL 23 STREET ADDRESS 10910 W. Flagler Street, No. 118 24 CITY-ST-ZIP Miami, FL 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 31 TITLE Secry. & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32 NAME RAUL CASTELLANO 33 STREET ADDRESS 10910 W. Flagler Street, No. 118 34 CITY-ST-ZIP Miami, FL 33174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 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)(d), 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: *X Blegura* *Maydolis Bofill*, Pres. MAYDOLIS BOFILL, 2/12/98 (305)229-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (1/1/98)