

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

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Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V26026** (7)

1. Corporation Name  
**EL&V CORPORATION**

Principal Place of Business

**13051 SW 29 CT  
DAVIE FL 33330**

Mailing Address

**9572 SW 57 ST  
MIAMI FL 33173-1504**



3. Date Incorporated or Qualified **04/01/1992** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0323561</b>	Applied For <input type="checkbox"/> Not Applicable
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent

**GALLO, CARMEN  
9572 SW 57 ST  
MIAMI FL 33173**

10. Name and Address of New Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASCURAIN, EUGENIO</b>	1.2 NAME	
STREET ADDRESS	<b>13051 SW 29 CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASCURAIN, JOAQUIN</b>	2.2 NAME	
STREET ADDRESS	<b>13051 SW 29 CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASCURAIN, EUGENIO</b>	3.2 NAME	
STREET ADDRESS	<b>13051 SW 29 CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASCURAIN, BLANCQ V DE</b>	4.2 NAME	
STREET ADDRESS	<b>13051 SW 29 CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASCURAIN, JOSE A</b>	5.2 NAME	
STREET ADDRESS	<b>13051 SW 29 CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASCURAIN, MARIA</b>	6.2 NAME	
STREET ADDRESS	<b>13051 SW 29 CT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 (954) 2360237

Date Daytime Phone #

CR2E034 (9/96)