

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

**FILED**  
**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
--	---	---

**DOCUMENT # V26026 (7)**  
 1. Corporation Name  
**EL&V CORPORATION**

Principal Place of Business <b>13051 SW 29 CT DAVIE FL 33330</b>	Mailing Address <b>9572 SW 57 ST MIAMI FL 33173-1504</b>
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1992</b>	3a. Date of Last Report <b>04/02/1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0323561</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent <b>GALLO, CARMEN</b> <b>9572 SW 57 ST</b> <b>MIAMI FL 33173</b>				81. Name
				82. Street Address (P.O. Box Number is Not Acceptable)
				83.
				84. City
				85. Zip Code

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	LASCURAIN, EUGENIO	1.2 NAME	
STREET ADDRESS	13051 SW 29 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCURAIN, JOAQUIN	2.2 NAME	
STREET ADDRESS	13051 SW 29 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCURAIN, EUGENIO	3.2 NAME	
STREET ADDRESS	13051 SW 29 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCURAIN, BLANCQ V DE	4.2 NAME	
STREET ADDRESS	13051 SW 29 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCURAIN, JOSE A	5.2 NAME	
STREET ADDRESS	13051 SW 29 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASCURAIN, MARIA	6.2 NAME	
STREET ADDRESS	13051 SW 29 CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	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: \_\_\_\_\_ DATE: **4/10/97** DAYTIME PHONE #: **(954) 2360237**

CR2E034 (9/96)