

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		2a. Mailing Address		4. FEI Number <b>65-0323561</b>	
22		2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable	
23		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 **EUGENIO LASCURAIN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **13051 SW 29 CT**  
 84 City **DAVIE** **FL** 85 Zip Code **33330**

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 *Eugenio Lascorain* **3/30/98** **EUGENIO LASCURAIN**

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LASCURAIN, EUGENIO	
STREET ADDRESS	13051 SW 29 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LASCURAIN, JOAQUIN	
STREET ADDRESS	13051 SW 29 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LASCURAIN, EUGENIO	
STREET ADDRESS	13051 SW 29 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LASCURAIN, BLANCA V DE	
STREET ADDRESS	13051 SW 29 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LASCURAIN, JOSE A DE	
STREET ADDRESS	13051 SW 29 CT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LASCURAIN, MARIA	
STREET ADDRESS	13051 SW 29 CT	
CITY-ST-ZIP	DAVIE FL 33330	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DV LASCURAIN BLANCA V DE</b>
4.3 STREET ADDRESS	<b>13051 SW 29 CT</b>
4.4 CITY-ST-ZIP	<b>DAVIE FL 33330</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Eugenio Lascorain* **EUGENIO LASCURAIN** **3/30/98** **(954) 3496483**

CR2E034 (10/97)