

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90136 044 ***150.00

DOCUMENT # V26026

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1992

4. FEI Number

65-0323561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LASCURAIN, EUGENIO
13051 SW 29 CT
DAVIE FL 33330

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LASCURAIN, EUGENIO
13051 SW 29 CT
DAVIE FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LASCURAIN, JOAQUIN
13051 SW 29 CT
DAVIE FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LASCURAIN, EUGENIO
13051 SW 29 CT
DAVIE FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LASCURAIN, BLANCA
13051 SW 29 CT
DAVIE L 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LASCURAIN, JOSE A
13051 SW 29 CT
DAVIE FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LASCURAIN, MARIA
13051 SW 29 CT
DAVIE FL 33330

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 954 3496483

Date

Daytime Phone #

CR2E034 (1/1/98)