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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90136 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 04/01/1992	4. FEI Number 65-0323561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, BLANCA YDOR	4.2 NAME	
STREET ADDRESS	13051 SW 29 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE L 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 DE	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 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:  **SIGNATURE REQUIRED** + 4/12/99 + 954 3496483
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)