

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

APR 20 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47133 (6)

1. Corporation Name

ELEVEN/ELEVEN HOLDING COMPANY, INC.

Principal Place of Business

1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131
US

Mailing Address

1428 BRICKELL AVENUE
SUITE 208
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
06/17/1994

4. FEI Number
65-0410615

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRELLES, ALBERTO N.

9100 G DADELAND BLVD

SUITE 1410

MIAMI FL 33135

999 Ponce DE LEON BLVD
#1000
CORAL GABLES, FL. 33131

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MALAVE, ADOLFO
STREET ADDRESS 1428 BRICKELL AVENUE, S-208
CITY- ST- ZIP MIAMI FL

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

100001464991

04/26/95-01025-016
****200.00 ****200.00

TITLE VP
NAME MALAVE, ADOLFO
STREET ADDRESS 1428 BRICKELL AVENUE, S-208
CITY- ST- ZIP MIAMI FL

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

TITLE STD
NAME MALAVE, ANTONIO M.
STREET ADDRESS 1428 BRICKELL AVENUE, S-208
CITY- ST- ZIP MIAMI FL

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 holder of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report in an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Signature Number

**POWER OF ATTORNEY
KNOW ALL MEN BY THESE PRESENTS**

That I, Adolfo Malave, as **President for ELEVEN/ELEVEN HOLDING COMPANY, INC.** have made, constituted and appointed, and by these presents does make, constitute and appoint ALBERTO N. TRELLES true and lawful attorney for them and in their name, place and stead:

TO EXECUTE ANY AND ALL DOCUMENTS REQUIRED IN ORDER TO COMPLY WITH THE CORPORATION ANNUAL REPORT.

giving and granting unto ALBERTO N. TRELLES said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that ALBERTO N. TRELLES said attorney or substitute shall lawfully do or cause to be done by virtue hereof.

In Witness Whereof, We have hereunto set our hands and seals the 17 day of april, 1995.

Sealed and delivered in the presence of

Susan Ullman
Magaly Rosa

By: [Signature]

State of Florida
County of Dade

Be It Known, That on the 17 day of april, 1995, before me Magaly Rosa NOTARY PUBLIC in and for the State of Florida duly commissioned and sworn, dwelling in the City of Miami, County of Dade, personally came and appeared Adolfo Malave as President of eleven/eleven to me personally known, and known to me to be the same persons described in and who executed the within power of attorney, and acknowledged the within power of attorney to be the act and deed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal