FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 33131-3409
US

3. Date Incorporated or Qualified: **06/30/1992**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
TRELLES, ALBERTO N.
999 PONCE DE LEON BLVD.
PENTHOUSE - SUITE 1150
CORAL GABLES, FL 33131

10. Name and Address of New Registered Agent
81 Name: Trelles, Alberto N.
82 Street Address (P.O. Box Number is Not Acceptable): 815 Ponce de Leon Blvd
83: 2nd Floor
84 City: Coral Gables **FL** 85 Zip Code: 33134

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Adolfo J. Malave
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.19.97
Date

305 374 6802
Daytime Phone #

0174388