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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N50310** (4)
1. Corporation Name
ELITE LADIES ASSOCIATION INC.

Principal Place of Business: **470 N.E. 180 DRIVE NORTH MIAMI BEACH FL 33162**
Mailing Address: **470 N.E. 180 DRIVE NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/10/1992**
3a. Date of Last Report: **07/15/1994**

4. FEI Number: **65-0360011**
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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GLACBE, OLA
13261 NW 7TH AVE.
MIAMI FL 33168**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADELEKE, FOLA
STREET ADDRESS	470 NE 180 DR.
CITY - ST - ZIP	N MIAMI FL 33162
TITLE	S
NAME	OLADUNNI, FOLASHADE
STREET ADDRESS	7900 NW 27 AVE
CITY - ST - ZIP	MIAMI FL 33147
TITLE	T
NAME	ALLE, MARGARET
STREET ADDRESS	1940 NW 119TH ST #822
CITY - ST - ZIP	MIAMI FL 33167
TITLE	D
NAME	BREWSTER, ANNABEL
STREET ADDRESS	9747 SW 134 TR
CITY - ST - ZIP	MIAMI FL 33176
TITLE	D
NAME	BAMISHINGBIN, JIDE
STREET ADDRESS	4488 NW 200 ST
CITY - ST - ZIP	MIAMI FL 33055
TITLE	D
NAME	ADGNUMGA, LAWRENCE
STREET ADDRESS	34 NW 95 ST
CITY - ST - ZIP	MIAMI FL 33150

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRO AGATEA EJENE
1.3 STREET ADDRESS	1745 NW 190 TR
1.4 CITY - ST - ZIP	MIAMI, FL 33056
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LARRY KOLAPO
5.3 STREET ADDRESS	1031 NW 202 ST
5.4 CITY - ST - ZIP	MIAMI, FL 33056
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MAALE 305-693-2338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)