

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000075195 (4)

1. Corporation Name  
**ELITE INDUSTRIES, INC.**



Principal Place of Business Mailing Address  
815 N.W. 57TH AVENUE SUITE 404 MIAMI FL 33126  
815 N.W. 57TH AVENUE - SUITE 404 MIAMI FL 33126

2. Principal Place of Business 2a. Mailing Address  
21 6812 N.W. 77th COURT 26 SAME  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 MIAMI, FLORIDA 28 City & State  
24 33166 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/29/1995  
4. FEI Number Applied For  
65-0635308 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  
-DESU, ROGER  
-815 N.W. 57TH AVENUE -  
-SUITE 404 -  
-MIAMI FL 33126 -  
10. Name and Address of New Registered Agent  
81 Name GIRALDO LEYVA  
82 Street Address (P.O. Box Number is Not Acceptable) 6812 N.W. 77th COURT  
83  
84 City MIAMI, FLORIDA FL 85 Zip Code 33166

11. Pursuant to the provisions of Sections 607.0902 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0906, Florida Statutes.

SIGNATURE: *[Signature]* Public Registered Agent Signature required for this filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	1. TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>DESU, ROGER</del>	12. NAME	GIRALDO LEYVA
STREET ADDRESS	<del>815 N.W. 57TH AVE. SUITE 404</del>	13. STREET ADDRESS	6812 NW 77 COURT
CITY - ST - ZIP	<del>MIAMI FL 33126</del>	14. CITY - ST - ZIP	MIAMI, FL 33166
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2. 1. TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRALDO LEYVA	22. NAME	AURELIO LEYVA
STREET ADDRESS	6812 N.W. 77 COURT	23. STREET ADDRESS	6812 NW 77 COURT
CITY - ST - ZIP	MIAMI, FL 33166	24. CITY - ST - ZIP	MIAMI FL 33166
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRALDO LEYVA	3.2. NAME	
STREET ADDRESS	6812 NW 77 COURT	3.3. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33166	3.4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY - ST - ZIP		4.4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	300001828512 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	-05/20/96--01029--001
CITY - ST - ZIP		5.4. CITY - ST - ZIP	***208.75
TITLE	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY - ST - ZIP		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 119.07(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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/26/96

CR2E034 (12/95)