

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075195 (4)
 1. Corporation Name
ELITE INDUSTRIES, INC.

Principal Place of Business 6812 NW 77TH COURT MIAMI FL 33166	Mailing Address 6812 NW 77TH COURT MIAMI FL 33166-2713
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 09/29/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0635308	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEYVA, GIRALDO
 6812 NW 77TH COURT
 MIAMI FL 33166**

10. Name and Address of New Registered Agent
 81 Name **Hector J. Mir**
 82 Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road
 83 **Suite 1107**
 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 *Hector J. Mir* **Hector J. Mir** **4/30/97**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEYVA, GIRALDO		1.2 NAME LEYVA, GIRALDO	
STREET ADDRESS 6812 NW 77TH COURT		1.3 STREET ADDRESS 6812 NW 77 Court	
CITY - ST - ZIP MIAMI FL 33166		1.4 CITY - ST - ZIP Miami, FL 33166	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEYVA, AURELIO		2.2 NAME LEYVA, AURELIO A.	
STREET ADDRESS 6812 NW 77TH COURT		2.3 STREET ADDRESS 6812 NW 77 Court	
CITY - ST - ZIP MIAMI FL 33166		2.4 CITY - ST - ZIP Miami, FL 33166	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MIR, HECTOR J.	
STREET ADDRESS		3.3 STREET ADDRESS 2655 Le Jeune Road, Suite 1107	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Coral Gables, FL 33134	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Hector J. Mir* **Hector J. Mir** **4/30/97** **(305) 444-0460**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)