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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(5)

**FILED** Jan 23 1998 8:00am Secretary of State

1. Corporatio		, (0)			
ELITE	INTERNATIONAL CORP.				
Principal Place of Business Mailing Address					
3711 NW 71 ST 3711 NW 71 ST MIAMI FL 33147					
MIAMI FE 33	141	MIMMI FL 33147		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				06/08/1979	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1912923	Not Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State		City & State		6. Election Campaign Financing	<del></del>
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	<del></del>
24	25	29	30	Personal Property Tax due June 30.	Yes □ No
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent		10. Name and Address of New Registere	d Agent
HUPPERT, JOSEPH H. 81 Name					
11440 N. KENDALL DRIVE, SUITE 201			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MI/	AMI FL 33176				
			83		
			84 City		85 Zip Code
		·		F	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statute: e of Florida. Such change was au	s, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ag	of changing its registered
agent. I a	ım familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes,	, ,	
SIGNATURE	Signature, typed or printed name of registered ag-	THOUGH THE STREET	Registered Agent signature require	d when reinstaling) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAIKOVITZ, ABRAHAM		1.2 NAME		
STREET ADDRESS	1516 CLEVELAND RD		. 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - ST - ZIP		
THILE	S	DELETE	2.1 TITLE		Change Addition
NAME	Baikovitz, sima		2.2 NAME		
STREET ADDRESS	1516 CLEVELAND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		1_1 DECETE	4.1 TITLE		Citatige C Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the information

premental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.

\*\*ABRAHAM DAIKOVIT2\*\*

\*\*INT/98\*\*