FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

624147

DOCUMENT #

1. Entity Name

FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90030 031 ***150.00

ELIT	TE INTERNATIONAL CO	RP.							
	DO NOT WRITE	IN THIS SI	PAC	E		42762	3 O		
2. Principal Place of Business 3711 NW 71 ST. Suite, Apt. #, etc.		3. Mailing Address 3711 NW 71 ST. Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE			
	II FL	City & State MIAMI FL			4.	FEI Number 59-1912923		Applied For Not Applicable	
		^{Zip} 33147	Country 47		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			
			' 		7. Na	ame and Address of Current Registered			
				Name HUF	PPER	RT JOSEPH H.			
	DO NOT WE	RITE	,			ox Number is Not Acceptable)			
. مصنف الله الله الله الله الله الله الله الل	IN THIS SPA	ACE	-						
	IIIIO 017	TOL		176	511	SW 48 STREET			
Ł				City SOU	JTHW	EST RANCHES FL	Zij	p Code 33331	
8. The above	e named entity submits this statement for the	he purpose of changing its	registerec				٠	22221	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered /	Agent signature required	od when rei	instating) DATE		.	
Tax filing requirement and elects to do so. After May 1 Amended			1, Fee is	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Stal		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI	RECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BAIKOVITZ ABRAHAM 1516 CLEVELAND RD. MIAMI BEACH FL 33141			ADDRESS IT-ZIP					
TITLE NAME Street address City-St-Zip	S BAIKOVITZ SIMA			ADDRESS T-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADDRESS T-ZIP		DO NOT WRIT	ſΕ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ADDRESS T-ZIP	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET / CITY-ST	ADDRESS I-ZIP		,		1	
TITLE NAME STREET ADDRESS			TITLE NAME STREET A	ADDRESS					

13. I 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 report or supplemental 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other likelempowered.

SIGNATURE:

ABRAHAM BAIKOVITZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 8, 2002

(305) 693-0368 Daytime Phone #