

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F66414** (6)
1. Corporation Name
ELITE INSURANCE & ASSURANCE AGENCY, INC.

Principal Place of Business

3280 N.W. 7TH ST., STE. 102
MIAMI FL 33125

Mailing Address

3280 N.W. 7TH ST., STE. 102
MIAMI FL 33125

FILED
May 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/09/1982

4. FEI Number
59-2159843 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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

**DOMINGUEZ, ILEANA M
3280 NW 7TH ST, STE 102
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ (ILEANA M.)		1.2 NAME
STREET ADDRESS	3280 N.W. 7TH ST., STE. 102		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AULT, SANDRA I.		2.2 NAME
STREET ADDRESS	3280 NW 7TH ST, STE 102		2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			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 <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 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 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: *Julian Dominguez*

4/24/98 (305) 541-6623

CR2E034 (10/97)