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

appears in Block 12 or Block 13 if changed,

orthi an attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97
Daytime Phone (

**FILED PROFIT** Apr 03 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # G59662 (8) ELITE ALUMINIUM CORP. Principal Place of Business Mailing Address 1801 NW 64TH ST. 1801 NW 64TH ST FT LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-1845 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996 09/15/1983 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 21 59-2348637 Not Applicable 26 Suite, Apt. #, etc. Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 Added to Fees 28 Country 2 pCountry This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZADOK, PETER 1801 NW 64TH ST 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12 13. DELETE Change 1.1 TiTL€ THE ANATI, MORDECHEI 1.2 NAME NAME 1801 NW 64TH ST 1.3 STREET ADDRESS STREET ADORESS FT LAUDERDALE FL 1.4 CITY - ST - ZIP CHY-ST ZIP DELETE 2.1 TITLE Change Addition DP TITLE NAME ZADOK, PETER 2.2 NAME 1801 NW 64 ST 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 2. 4 CITY - ST - ZIP CHY-\$1-ZIF DELETE Change Addition TITLE 31 TITLE ANATI, MORDECHEI 3.2 NAME NAME 1801 NW 64TH ST 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL City-St-ZiP 3.4. City-ST-ZIP DELETE Addition THILE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City - \$1 - ZiP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME **63 STREET ADDRESS** STREET ADORESS 64 CHY-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)(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