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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNU	RPORATION JAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATION			ons	Secretary of State			
DOCUI	MENT # K	91018	(7)							
ELITE A	UTO CENTER, II	NC. ,					E MORNENUL BUR HRUSEL HARM BERRE ULBER SR	H ELEN EMER E	irit albit albit i	Diğil (KD)
Principal Place of Business Mailing Address										
10890 SW 186 ST MIAMI FL 33157			051 SW 83 AVE AMI FL 33157-6118							
							3. Date incorporated or Qualified 05/26/1989		te of Last R)1/1996	eport
2. Principal P 21	lace of Business	28 26	. Mailing Address			········	4. FEI Number 65-0122216	_ 	<u> </u>	oplied For of Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & Stali	()	28	City & State			·	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
7 ₍₁₎	Cour 25		Zip Cou				B. This corporation has liability for	intangible		
	9. Name and Add	ress of Current Regis	stered Agent	1401	81	Name	10. Name and Address of New R			
PERINARUEZ, JUDE A.						iress (P.O. Box Number is Not Accepta	hle)			
	MI FL 33157			!	83	- Oliber Hou	ress (r.o. box realities in that Accopte		···—·	
				!						
					84	City		FL	85 Zip (Code
11. Pursuant office or r agent 1 a	to the provisions of Sc egistered agent, or bo m familiar with, and ac	ections 607.0502 and 6 oth, in the State of Flori accept the obligations o	007.1508, Florida Statu da. Such change was ff, Section 607.0505, F	ites, the al authorize lorida Stat	bove d by tutes	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of ept the app	changing it pintment as	s registered registered
12.		nic of registered agent and to OFFICERS AND DIRE	The second secon	TE Registere	d Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTOR	S IN 12
TIL.F	PTD		DELETE	1.1 Ti	TLE				Change	Addition
NAME	FERNANDEZ, JOS			1.2 N]:
STREET ACCURESS	18051 SW 83 AV MIAMI FL 33157	Ė				ADDRESS				}
Offy-S1 76 Title	MUMILIE GOIDS		DELETE	21 Ti		1-2117			Change	Addition
NAME				2.2 N	AME					ĺ
STHEET ACTIVESS				2.3 S	REET	ADDRESS	,			[
CHY-ST-ZH: Tifit			DELETE			T-21P			Change	Addition
MAM!			L Dittit	31 TI 32 N					i Change	L_] Addition
STREET ADDRESS						ADDRESS				}
City-St-ZiP				3.4. 0	ITY-S	1 - ZIP				
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NAME				4 2 N						}
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GOTE ST. 70P TOLE			☐ DELETE	4.4 CI 5.1 TI		1-114			Change	Addition
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C 1Y - S1 - 24P				5.4 CI		r - ZIP	——————————————————————————————————————		_	
TITLE			DELETE	6.1 TI		1			Change	Addition \
NAME PROFES ASSESSED				6.2 N		ADDOCA				1
STREET ADDRESS						ADDRESS				}
COLVISI - ZIP	Language that the infer	makes a maked with the	is Oliver down and area	6.4 CI	11-5	i-zir			47" 11"	

Low 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 24 1997 8:00am

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