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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L73046**

1. Corporation Name

ELITE TITLE SERVICES, INC.							
Principal Place of Business	Mailing Address				FR	ENIS MINIT NISTA I)
% JORGE V. DE ONA	% JORGE V. DE ONA						
395 ALHAMBRA CIR	395 ALHAMBRA CIR						
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRI	TE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 05/09/1990			
2. Principal Place of Business	2a. Mailing Address		-	4. FEI Number		Ap	plied For
21	26			65-0193354			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	
	27					Fee Re	·
City & State	City & State			6. Election Campaign Financing		\$5.00	
23	28			Trust Fund Contribution		*Added	to Fees
Zip Country	Zip	Country		8. This corporation owes the curr	ent year int	angible □Yes	□No
24 25		30		Personal Property Tax.			
9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New F	tegistered	Agent	
DE ONA, JORGE V.		*'	Name	•			
395 ALHAMBRA CIR		82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
CORAL GABLES FL 33134		-					
CORAL GABLES PL 33134		83					
		84	City			85 Zip	Code
		1	_		FL		
		1		ti	numosa of	changing its	registered
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	of Florida, Such change was au	thorized by	ine corporat	rporation submits this statement for the tion's board of directors. I hereby accept	purpose of of the appoi	changing its ntment as re	registered gistered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat SIGNATURE	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by da Statutes.	tne corporat	mon's board of directors, Friereby accep	purpose of ot the appoi	changing its ntment as re	registered gistered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP