

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50310

(4)

1. Corporation Name

ELITE LADIES ASSOCIATION INC.



Principal Place of Business

**470 N.E. 180 DRIVE
NORTH MIAMI BEACH FL 33162**

Mailing Address

**470 N.E. 180 DRIVE
NORTH MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0360011

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLAICBE, OLA
13261 NW 7TH AVE.
MIAMI FL 33168**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P
ADELEKE, FOLA**
STREET ADDRESS **470 NE 180 DR.**
CITY-ST-ZIP **N MIAMI FL 33162**

TITLE ☐ DELETE

NAME **S
OLADUNNI, FOLASHADE**
STREET ADDRESS **7900 NW 27 AVE**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ DELETE

NAME **T
ALLE, MARGARET**
STREET ADDRESS **1940 NW 119TH ST #822**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ DELETE

NAME **D
BREWSTER, ANNABEL**
STREET ADDRESS **9747 SW 134 TR**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ DELETE

NAME **D
KOLAPO, LARRY**
STREET ADDRESS **1031 NW 202 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D
ADGUGA, LAWRENCE**
STREET ADDRESS **34 NW 95 ST**
CITY-ST-ZIP **MIAMI FL 33150**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

Date

Daytime Phone #

CR2E037 (12/95)