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Mar 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33162-1962



3. Date Incorporated or Qualified
08/10/1992

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

OLAIGBE, OLA

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

83 18441 N-W 2ND AVE. #220

84 City

MIAMI

FL

85 Zip Code

33168

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ADELEKE, FOLA	
STREET ADDRESS	470 NE 180 DR.	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OLADUNNI, FOLASHADE	
STREET ADDRESS	7900 NW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALLE, MARGARET	
STREET ADDRESS	1940 NW 119TH ST #822	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWSTER, ANNABEL	
STREET ADDRESS	9747 SW 134 TR	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOLAPO, LARRY	
STREET ADDRESS	1031 NW 202 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADGNUMA, LAWRENCE	
STREET ADDRESS	34 NW 95 ST	
CITY-ST-ZIP	MIAMI FL 33150	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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

MAHE

3/14/97

Date

Daytime Phone 0031789

CR2E037 (9/96)