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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 Mailing Address  
470 N.E. 180 DRIVE NORTH MIAMI BEACH FL 33162  
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  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
~~GLAICBE, OLA~~  
~~13261 NW 7TH AVE.~~  
~~MIAMI FL 33168~~

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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	ADGNUGA, 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	<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: \_\_\_\_\_ DATE: 3/14/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MAHE

CR2E037 (9/96)