FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/23/95--01133--001
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P94000008536 (2)

1. Corporation Name
ELITE INTERIM PROPERTIES, INC.

Principal Place of Business	Mailing Address
44 W FLAGLER ST SUITE 1725 MIAMI FL 33130	44 W FLAGLER ST SUITE 1725 MIAMI FL 33130

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 44 West Flagler Street	26 Same
Suite, Apt. #, etc. 22 Suite 1725)	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28
Zip 24 33130 / County 25 Dade	Zip 29 / County 30

4. FEI Number: 65-0483670 ☐ 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

KREEGER, JULIAN H
44 W FLAGLER ST
SUITE 1725
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Daryl Kutner, President 44 West Flagler Street Suite 2300 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Julian H. Kreeger, ~~Vice Pres.~~ and Assistant Secretary 44 West Flagler Street ~~Suite 2300~~ Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

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)(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: Julian H. Kreeger — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/26/95 (Date) (305) 373-3101 (Daytime Phone #)

0120730 CP