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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000008536 (2)

1. Corporation Name

ELITE INTERIM PROPERTIES, INC.



Principal Place of Business

44 W FLAGLER ST
SUITE 1725
MIAMI FL 33130

Mailing Address

44 W FLAGLER ST
SUITE 1725
MIAMI FL 33130

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

05/01/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and the corporation

(If Title Registered Agent Signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P KUTNER, DARYL
44 WEST FLAGLER ST., STE. 1725
MIAMI FL 33130

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VAS KREEGER, JULIAN H
44 WEST FLAGLER ST., STE. 1725
MIAMI FL 33130

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

P KUTNER, DARYL
44 West Flagler St., Ste 1725
Miami, FL 33130

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

VAS KREEGER, JULIAN H.
44 West Flagler St., Ste 1725
Miami, FL 33130

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.2 NAME STREET ADDRESS 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, 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 my signature with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 373-3101

CR2E034 (12/95)