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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:29

DOCUMENT # **P94000072826 (8)**

1. Corporation Name
ELITE SERVICES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6175 NW 167TH ST BAY G-40 MIAMI FL 33014	6175 NW 167TH ST BAY G-40 MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:

2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number: 65-0524324 | ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required

City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees

Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEREIRA, JULIO
6175 NW 167TH ST BAY G-40
MIAMI FL 33014

10. Name and Address of New Registered Agent

91 Name: Norma Sanpere
92 Street Address (P.O. Box Number Is Not Acceptable): 6175 N.W. 167th St. Bay G-40
93
94 City: Miami FL 95 Zip Code: 33014

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] MAY 15th, 1995
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	D	11 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, JACINTO	12 NAME	
STREET ADDRESS	% 6175 NW 167TH ST BAY G-40	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33014	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DE GUTIERREZ, NORMA S	22 NAME	
STREET ADDRESS	% 6175 NW 167TH ST BAY G-40	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33014	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	~~PEREIRA, JULIO~~	32 NAME	Director Mauricio Rodriguez
STREET ADDRESS	% 6175 NW 167TH ST BAY G-40	33 STREET ADDRESS	6175 N.W. 167th St. Bay G-40
CITY-ST-ZIP	MIAMI FL 33014	34 CITY-ST-ZIP	Miami, FL 33014
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	~~PEREIRA, MADELAYNE~~	42 NAME	Director Jorge Mauricio Rodriguez
STREET ADDRESS	% 6175 NW 167TH ST BAY G-40	43 STREET ADDRESS	6175 N.W. 167th St. Bay G-40
CITY-ST-ZIP	MIAMI FL 33014	44 CITY-ST-ZIP	Miami, FL 33014
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: [signature] MAY/15/95 (305) 822-2666
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0422020 FP