

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90209 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000000554

1. Corporation Name  
CHRISTA ELISABETH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O CHRISTOPHER LANGEN, ESQ. 112 S HIBISCUS DR MIAMI FL 33139-5130  
Mailing Address: C/O CHRISTOPHER LANGEN, ESQ. 112 S HIBISCUS DR MIAMI FL 33139-5130

3. Date Incorporated or Qualified: 01/04/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
2a. Mailing Address: 26 P.O. Box 398570

4. FEI Number: 65-0556078  
Applied For: Not Applicable

22 City & State: 27 MIAMI BEACH, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 24 25 Country: 29 30 33239-8570

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 Zip: 25 Country: 29 30 33239-8570

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

LANGEN, CHRISTOPHER  
112 S HIBISCUS DR  
MIAMI FL 33139-5130

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

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PTS DIETRICH, CHRISTA at 112 S HIBISCUS DR MIAMI FL.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 Date

(305)674-0023 Daytime Phone #

CR2E034 (1/98)