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

Mailing Address

1191 NE 175TH ST

2a. Mailing Address

Suite, Apt #, etc.

N. MIAMI BEACH FL 33162

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000002229 (9)

ELITE PRINTING, INC.

Principal Place of Business

N. MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

1191 NE 175TH ST

21

22

NAME

STREET ADDRESS

CITY-ST-ZIP

City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHEMESH, YAIR 1191 NE 175TH ST 82 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BEACH FL 33162 83 84 City Zip Code 85 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 Statu 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, typed or printed name of riigistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition TITLE 1.1 TITLE SHEMESH, YAIR 1.2 NAME NAME 1191 NE 175TH ST STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 44 CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 arimular 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:

Mair Chemech

4-25-98

305-654-0546

FILED

May 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualified

01/06/1995

64-0550138

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Fee Required

Not Applicable