FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000017446 (2)

1. Corporation Name

ELITE ENTERPRISES GROUP, CORP.

Principal Place of Business	Mailing Address
10008 WEST FLAGLER STREET #140 MIAMI FL 33174	10008 WEST FLAGLER STREET #140 MIAMI FL 33174

3. Date Incorporated or Qualified: 03/02/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O Box 823205	26 P.O. Box 823205
22 Suite, Apt. #, etc. P.O. Box 823205	27 Suite, Apt. #, etc. P.O. Box 823205
23 City & State South Florida 33082	28 City & State South Florida 33082.
24 Zip 33029 / 25 Country USA	29 Zip 33029 / 30 Country USA

4. FEI Number: 65-0563240. ☐ 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

JARAVA, ADRIANA K
10008 WEST FLAGLER STREET
#140
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name: Adriana M. Gonzalez.
82 Street Address (P.O. Box Number is Not Acceptable): 3716 N.E. 168 ST. #406.
83
84 City: North Miami Beach FL 85 Zip Code: 33160.

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: Adriana M. Gonzalez — 08/12/96
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	PSTD	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JARVA, ADRIANA M		1.2 NAME	Adriana M. Gonzalez.
STREET ADDRESS	10008 W. FLAGLER ST. #140		1.3 STREET ADDRESS	P.O. Box 823205
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-ST-ZIP	South Florida 33082 (N/A)
TITLE	VD	☒ DELETE	2.1 TITLE	Fiscal ☒ Change ☐ Addition
NAME	DE ITURRAD, LUCIS J		2.2 NAME	Guillermo Iturrado
STREET ADDRESS	10008 W. FLAGLER ST. #140		2.3 STREET ADDRESS	P.O. Box 823205 (N/A)
CITY-ST-ZIP	MIAMI FL 33174	(N/A)	2.4 CITY-ST-ZIP	South Florida 33082
TITLE	D	☐ DELETE	3.1 TITLE	V.P. ☒ Change ☒ Addition
NAME	~~RODRIGUEZ, JESUS~~		3.2 NAME	Richard Gonzalez.
STREET ADDRESS	~~801 ALTON ROAD #5~~		3.3 STREET ADDRESS	P.O. Box 823205
CITY-ST-ZIP	~~MIAMI BEACH FL 33139~~		3.4 CITY-ST-ZIP	South Florida 33082. (N/A)
TITLE	D	☐ DELETE	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	~~WALLIN, MIRNA B~~		4.2 NAME	Maria Paez
STREET ADDRESS	~~8201 N.W. 8TH ST. #314~~		4.3 STREET ADDRESS	P.O. Box 823205
CITY-ST-ZIP	~~MIAMI FL 33126~~		4.4 CITY-ST-ZIP	South Florida 33082. (N/A)
TITLE		☐ DELETE	5.1 TITLE	Director ☒ Change ☐ Addition
NAME			5.2 NAME	Jesus Colorado
STREET ADDRESS			5.3 STREET ADDRESS	P.O. Box 823205
CITY-ST-ZIP			5.4 CITY-ST-ZIP	South Florida 33082 (N/A)
TITLE		☐ DELETE	6.1 TITLE	Director ☒ Change ☐ Addition
NAME			6.2 NAME	Rosario del C. Jarava
STREET ADDRESS			6.3 STREET ADDRESS	P.O. Box 823205
CITY-ST-ZIP			6.4 CITY-ST-ZIP	South Florida 33082 (N/A)

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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 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: Adriana M. Gonzalez — 2/9/96 — (305) 852-5664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)