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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000017446 (2)

1. Corporation Name

ELITE ENTERPRISES GROUP, CORP.

Principal Place of Business

P.O. BOX 823205
SOUTH FLORIDA FL 33082

Mailing Address

P.O. BOX 823205
SOUTH FLORIDA FL 33082-3205



2. Principal Place of Business

21 2666 S.W. 183rd Ave

Suite, Apt. #, etc.

City & State

23 Miramar FL

Zip

24 33029

Country

25 USA

2a. Mailing Address

26 P.O. 823205

Suite, Apt. #, etc.

City & State

28 South Florida FL

Zip

29 33082

Country

30 USA

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

08/16/1996

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

GONZALEZ, ADRIANA M
3716 N.E. 168 ST. #406
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name GONZALEZ, ADRIANA M.
82 Street Address (P.O. Box Number is Not Acceptable) 2666 S.W. 183rd AVE
83
84 City MIRAMAR FL 85 Zip Code 33029

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

03/03/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE PSTD
1.2 NAME JARVA, ADRIANA M
1.3 STREET ADDRESS P.O. BOX 823205 N/A
1.4 CITY-ST-ZIP SOUTH FLORIDA FL 33082

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME DE ITURRAD, LUCIS J
2.3 STREET ADDRESS 10008 W. FLAGLER ST. #140
2.4 CITY-ST-ZIP MIAMI FL 33174

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE VP
3.2 NAME GONZALEZ, RICHARD
3.3 STREET ADDRESS P.O. BOX 823205 N/A
3.4 CITY-ST-ZIP SOUTH FLORIDA FL 33082

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE TD
4.2 NAME PAEZ, MARIA
4.3 STREET ADDRESS P.O. BOX 823205 N/A
4.4 CITY-ST-ZIP SOUTH FLORIDA FL 33082

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE D
5.2 NAME COLORADO, JESUS
5.3 STREET ADDRESS P.O. BOX 823205 N/A
5.4 CITY-ST-ZIP SOUTH FLORIDA FL 33082

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE D
6.2 NAME JARAVA, ROSARIDEL C
6.3 STREET ADDRESS P.O. BOX 823205 N/A
6.4 CITY-ST-ZIP SOUTH FLORIDA FL 33082

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE PSTD
1.2 NAME GONZALEZ, ADRIANA M.
1.3 STREET ADDRESS 2666 S.W. 183rd Ave
1.4 CITY-ST-ZIP Miramar FL 33029

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME DE ITURRADO, LUCIA J.
2.3 STREET ADDRESS 2666 S.W. 183rd AVE
2.4 CITY-ST-ZIP MIRAMAR FL 33029

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

3/3/97

(954) 450-3992

CR2E034 (9/96)