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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000055434 (1)

ELITE DESIGNS, INC.

Principal Place of Business

Mailing Address

2200 N.W. 92ND AVENUE MIAMI FL 33172

2200 N.W. 92ND AVENUE

## FILED Apr 17 1998 8:00am Secretary of State



MIAMI FL 33172				MIAMI FL 33172				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								07/18/1995		
2. Principal Place of Business				2a. Mailing Address				4	Applied For	
21 JC To	ovs		26	<del></del>				<del>    '</del>	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				- ¢0.76	Additional	
22 1638 N.W. 108 PL. City & State			27	1				6. Certificate of Status Desired Fee I	Required	
23 Miami			-	City & State  28 Miami. FL					0 May Be	
Zip	Country			Miami, FL				······································	1 to Fees	
33172	25	7	29	33172	30	•	SA	8. This corporation owes or has paid the current year I Personal Property Tax due June 30.		
24 002.0		d Address of Curre			30	┰Ŭ	DA .	Personal Property Tax due June 30. Yes  10. Name and Address of New Registered Apent	<b>⊠</b> No	
A 7						81	Name			
A Z REGISTERED AGENT CORPORATION						L				
2601 \$. BAYSHORE DRIVE						82 Street Address (P.O. Box Number is Not Acceptable)				
	TE 1600					83				
MIAMI FL 33133										
£54	\$ 1	•				84	City	<b> 85</b> Zip	Code	
11 Purcuant to	the provision	s of Sections 607 050	32 and C	07 1500 Florido Ctat	ston the			FL   63   21	,	
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 Froida. 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 _										
12,	ignature, types or t	orinted name of registered ag OFFICERS AN			13.		ent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	DC IN 10	
TITLE	ĎΡ	OFFICENS AN	DINEC	DELETE		TITLE		DP Change		
NAME	CERDA, JI	IAN		E occese		NAME			Audition	
STREET ADDRESS		92ND AVE.			i i		ADDDEGG	Cerda, Juan		
CITY-ST-ZIP	MIAMI FL	BEND AVE.				SIREE I CITY-S	ADDRESS T-ZIP	1638 N.W. 108 PL. Miami, FL. 33172		
TITLE	DS			DELETÉ	2.11	TITLE	Ť	DS Change	Addition	
NAME	<b>BERNEGU</b>	er, salvador			2.21	NAME				
STREET ADDRESS		92 AVENUE			2.3 9	STAEET	ADDRESS	Berenguer, Salvador 1638 N.W. 108 PL.		
CITY - ST - ZIP	<b>M</b> IAMI FL				2.4	CITY-S	ST-ZIP	Miami, FL. 33172		
TITLE	DT			DELETE	3.1	TITLE		DT Change	Addition	
NAME	BERENGU	er, Jose		•	3.21	NAME				
STREET ADDRESS		92 AVENUE			3.3 5	STREET	ADDRESS	Berenquer, Jose 1638 N.W. 108 PL.	ľ	
CITY-ST-ZIP	MIAMI FL				3.4	CITY-S	ST-7IP	Miami, FL. 33172		
TITLE				DELETE	4.1 7	~		Change	Addition	
NAME					4, 2	NAME	- 1		_	
STREET ADDRESS							ADDRESS		j	
CITY-ST-ZIP						CITY-S	- 1			
TITLE				DELETE	5.1 7			☐ Change	Addition	
NAME					5.21		- 1			
STREET ADDRESS					- 1		ADDRESS			
CITY-ST-ZIP						XITY-S	- 1			
TITLE				DELETE	6.1 7		1 - 24	Change	Addition	
NAME					6.2 N			Change	C regulos	
STREET ADDRESS							ADDRESS			
							ADDRESS			
14. I hereby cer	rtify that the in	formation supplied w	ith his ti	ing does not qualify:		empl		1 ed in Section 119.07(3)(i), Florida Statutes. I further certify that th	e information	
officer or di	n <b>this</b> annual r r <b>ector</b> of the c	eport ør supplementa	al Annual Aiver or L	report is true and ac rustee empowered to	curate an	nd the	at mov simr	or in Section 11.5.07(5)(i), Florida statutes. From the Certify that the practice shall have the same legal effect as if made under oath; the required by Chapter 607, Florida Statutes; and that my name appropriate the certification of the c	atlam on I	