

FILE NOW: FILING FEE AFTER MAY 1-16-\$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000080387 (0)

1. Corporation Name
ELITE AIR TRADING INC.



Principal Place of Business: 501 SW 11TH PLACE STE 107 BOCA RATON FL 33432
Mailing Address: 501 SW 11TH PLACE STE 107 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report: N/A
4. FEI Number: [X] Applied For, [] Not Applicable
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required, [] \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution: []
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes, [] No

2. Principal Place of Business: 21 501 SW 11th Pl STE 107
22 Suite, Apt. #, etc.:
23 City & State: BOCA RATON
24 Zip: 33432
25 Country: FL.
26 Mailing Address: 26 501 SW 11th Pl.
27 Suite, Apt. #, etc.: 107
28 City & State: BOCA RATON
29 Zip: 33432
30 Country: FL.

9. Name and Address of Current Registered Agent: OPREA, MARIANA A, 501 SW 11TH PLACE STE 107, BOCA RATON FL 33432
10. Name and Address of New Registered Agent: 81 Name: N/A, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPREA, MARIANA A	1.2 NAME	
STREET ADDRESS	501 SW 11TH PLACE STE 107	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500001789475
STREET ADDRESS		5.3 STREET ADDRESS	-04/22/96--01102--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***208.75
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Mariana Oprea* MARIANA OPREA 1/23/96 (407) 367-0845
DATE: 1/23/96 DAYTIME PHONE #: 367-0845

CR2E034 (12/95)