SECOND NOTICE: CORPORATION WILL BE AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTER A	UGUST 7, 1996. To reinstate: \$ 375.)
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPART Sandra B Socretary DIVISION OF CO	MENT OF STATE Mortham of State	
DOCUMENT # P95000	0091385 (1)		
ELITE MANAGEMENT, INC.	•••		
Principal Place of Business	Maling Address	· · · · · · · · · · · · · · · · · · ·	
7550 SW 35TH ST.	7550 SW 35TH ST.		
MIAMI FL 33155	MIAMI FL 33155		3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1995
2. Principal Place of Business 21	2a. Mailing Address		4. FEI Number Applied For 65-062-2826 Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc		5 Certificate of Status Desired \$8.75 Additional
City & State	27 City & State		6. Election Campaign Financing 5.00 May Be
Zip Country	28	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under signal 199.032,
24 25 9. Name and Address of Current		30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
HERNANDEZ, BENNY 2301 COLLINS AVE., A-410 MIAMI FL 33139		81 Name 82 Street Ac 83	ddress (P.O. Box Number is Not Acceptable)
•		84 City	F 85 Zip Code
I once or registered agent, or both in the state of	mondal Such change was aut	horized by the corbor	rporation submits this statement for the purpose of changing its registered ation's board of directors. Thereby accept the appointment as registered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	and a second and another and an and a second and appointment as registered.
Signature by indicipants on united for grand agent 12. OFFICERS AND		Registered Agent signature re	
TITLE	DELETE	ALT TATLE	Change 🚺 Addition 😸
NAME STREET ADDRESS		1.2 NAME	BENNY HERNANDEZ BUD. #614
CITY - ST - ZIP		1 4 CITY - ST - ZIP	miami, FL 33(72
TITLE NAME	DELETE	2 1 TITLE	Change Addition O
STREET ADDRESS		2 3 STREET ADDRESS	550 S.W. 35 ST.
CITY-ST-ZIP THLE	DELETE		MIAMI FL. 33155
NAME		3 1 TITLE 3 2 NAME	Change L Addition
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	34 C-TY - ST - ZIP 41 TI/LE	Change Adde tion
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	
NAME		5 2 NAME	4000019035442arge Adultion -07/24/9601074025
STREET ADDRESS		5.3 STREET ADORESS	***225.00
CITY-ST-ZIP TITLE	DELETE	5.4 CITY - ST - ZIP 6.4 TITLE	Change Addition
NAME	transf	6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	YA 1/2/1/
11. I do hereby certify that the information supplied to	with this filing is voluntarily furni	64 CITY - ST - ZIP shed and does not qu	alify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption sched in Section 119 OF(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 it 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 617, Florida Statutes, and that my name appears in Block 12 or 50 k 13 if changes, or on an attachment with an address			
SIGNATURE: X SIGNATURE NO TYPEO OF PRINTED WARE OF SIGNATURE OF DECTOR			

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