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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Forthage

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048752 (5)

AN ELEGANT OCCASION, INC.

Principal Place of Business	Mailing Address			
2245 N.W. 110TH ST. MIAMI FL 33167	2245 N.W. 110TH ST. MIAMI FL 33167-3058			
			3. Date incorporated or Qualified 06/07/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FET Number	Applied For
Suite And Health	26 Cuito Ant III oto		N\ #	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.	A B. A TANTONIA DA ANTONIO DE TOTO CONTROLO DE T	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip • Country	Zip	Country	B. This corporation has liability for	
24 25		30		YesNo
9. Name and Address of Co	irrent Hegistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
BERRIAN, MATTIE				
2245 N.W. 110TH ST. MIAMI FL 33167		82 Street Add	Iress (P.O. Box Number is Not Accepta	ble)
MIMMI PL 33107		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607	.0502 and 607,1508, Florida Statute:	s, the above-named cor	poration submits this statement for the	purpose of changing its registered
11, Pursuant to the provisions of Sections 607 office or registered agent, or both, in the sagent. I am familiar with, and accept the control of the control	State of Florida. Such change was au obligations of, Section 607.0505, Flor	ithorized by the corpora ida Statutes.	ation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE				
Signature, typed or printed name of registers		Registered Agent signature requ		DATI
	S AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFI	
TIRLE PID	[ ] DETEIR	1.1 TITLE		☐ Change ☐ Addition
NAME BERRIAN, MATTIE STREET ADDRESS 2245 N.W. 110TH ST.		1.2 NAME		
LHALII EL DOLOT		1.3 STREET ADDRESS		
TITLE SD	DELETE	1.4 C(TY - \$1 - 7)P 2.1 T(TLE		Change Addition
mite OD	state	2.2 NAME		
STREET ADDRESS 3507 N.W. 198TH LANE	<u>.</u>	2 3 STREET ADDRESS	•	
CITY-ST-ZIP MIAMI FL 33056	1	2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 1111.6		Change Addition
NAME	)	3.2 NAME		
STREET ADDRESS	1	3 3 STREET ADDRESS		
CITY-ST-ZIP	¥	3 4. CITY - ST - 7IP		
TITLE SD	DELETE	4.1 TITLE		Change Addition
NAME GASTON, Lile	4.4.4.4	4. 2 NAME		$\mathcal{D}_{h}$
STREET ADDRESS 8507 WW 196	746ANC 3056	4.3 STREET ADDRESS		114107
	DELETE DELETE	4.4 CHY-S1-7IP		Charge I Addition
TITLE	[ ] DECENT	5 1 TITLE	60000220	
NAME OVERTA ADDRESS		5.2 NAME 5.3 STREET ADDRESS	60000220 -06/09/97011	11021
STREET ADDRESS		5.4 CHY+S1-ZIP	***165.00	
CITY-ST-ZIP	DELETE	61 TifLE		Change Addition
NAME		6.2 NAME		- · ·
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-7IP		6 4 City-St-7/P		

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 challed, or on an attachment with an address.

CHATURE, WILLIAM THE CHIEF

.305-685-1023

**FILED** 

Jun 04 1997 8:00am

Secretary of State