

4-15-97 B-4700 XC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055257 (5)

1. Corporation Name
ELITE EXPRESS, INC.

Principal Place of Business

#A116, 1701 NE 191ST ST.
N. MIAMI BEACH FL 33179

Mailing Address

#A116, 1701 NE 191ST ST.
N. MIAMI BEACH FL 33179-4200



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1701 NE 191ST ST.		26 Same as Principal place		06/28/1996		06/28/1996	
22 Suite, Apt. #, etc. A116.		27 Suite, Apt. #, etc.		4. FEI Number 65-0682457		Applied For	
23 City & State N. Miami Beach, FL		28 City & State		5. Certificate of Status Desired ☒		Not Applicable	
24 Zip 33179		29 Zip		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
25 Country U.S.A.		30 Country		6. Election Campaign Financing Trust Fund Contribution ☒		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILINGS, INC. 3732 NW 16TH ST. FT. LAUDERDALE FL 33311				81 Name HOSSEIN FOUGH			
				82 Street Address (P.O. Box Number is Not Acceptable) 1701 NE 191ST ST # A116			
				83 N. Miami Beach FL 33179			
				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

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	FOUGH, HOSSEIN	12 NAME	
STREET ADDRESS	#A116, 1701 NE 191ST ST.	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

Hossein Fough

04, 01, 97

CR2E034 (9/96)