

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

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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000062081 (0)

1. Corporation Name
ELEGANT CUSTOM DESIGN, INC.



Principal Place of Business
15379 SW 62ND ST
MIAMI FL 33183

Mailing Address
15379 SW 62ND ST
MIAMI FL 33183-2587

3. Date Incorporated or Qualified 07/23/1996
3a. Date of Last Report

2. Principal Place of Business
21 5745 N.W. 100 Terrace
Suite, Apt. #, etc.
22 Coral Springs Fl
City & State
23 Zip 33076 Country
24 33076

2a. Mailing Address
25 5745 N.W. 100 Terrace
Suite, Apt. #, etc.
27 Coral Springs Fl
City & State
28 Zip 33076 Country
29 33076

4. FEI Number 65-0686215
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ROQUE, EDUARDO
15379 SW 62ND ST
MIAMI FL 33193

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5745 N.W. 100 Terrace
83
84 City Coral Springs FL 85 Zip Code 33076

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROQUE, EDUARDO	1.2 NAME	
STREET ADDRESS	15379 SW 62ND ST	1.3 STREET ADDRESS	5745 N.W. 100 Terrace
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	Coral Springs, Fl 33076
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGUI, KATIA I	2.2 NAME	
STREET ADDRESS	15379 SW 62ND ST	2.3 STREET ADDRESS	5745 N.W. 100 Terrace
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	Coral Springs, Fl 33076
TITLE		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		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: *Eduardo Roque* Eduardo Roque - President 1-11-97 305-388-8768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)