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FILED

Apr 29 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 # P96000086569 (6)

1. Corporation Name  
ELITE ORIGINALS FURNITURE CORP.



Principal Place of Business  
206 NW 3RD AVE.  
HALLANDALE FL 33009

Mailing Address  
206 NW 3RD AVE.  
HALLANDALE FL 33009-4028

3. Date Incorporated or Qualified  
10/21/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

65-0700779

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALENZUELA, JOSE M  
949 NE 214 LN. APT. 4  
MIAMI FL 33179

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS VALENZUELA, JOSE M  
CITY-ST-ZIP 949 NE 214 LN. #4  
MIAMI FL 33179

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DST  
STREET ADDRESS VALENZUELA, JENNY L  
CITY-ST-ZIP 949 NE 214 LN. #4  
MIAMI FL 33179

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DB  
2.3 STREET ADDRESS Valenzuela, Jenny  
2.4 CITY-ST-ZIP 949 NE 214 Lane #4  
Miami, FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME DVP  
3.3 STREET ADDRESS Summerall-Valenzuela, Jenny G.  
3.4 CITY-ST-ZIP 949 NE 214 Lane #4  
Miami, FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME DT  
4.3 STREET ADDRESS Valenzuela, Kristel  
4.4 CITY-ST-ZIP 949 NE 214 Lane #4  
Miami, FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME DVS  
5.3 STREET ADDRESS Valenzuela, Cynthia  
5.4 CITY-ST-ZIP 949 NE 214 Lane #4  
Miami, FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (954) 455-3313

Date

Daytime Phone #

CR2E034 (9/96)