

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

FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

206 NW 3RD AVE.  
HALLANDALE FL 33009

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HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

65-0700779

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

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

11 TITLE ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME VALENZUELA, JENNY  
STREET ADDRESS 949 N.E. 214 LANE, #4  
CITY-ST-ZIP MIAMI FL

12 NAME ☐ Change ☐ Addition

TITLE DVP ☐ DELETE

NAME SUMMERALL, VALENZUELO J G.  
STREET ADDRESS 949 N.E. 214 LANE, #4  
CITY-ST-ZIP MIAMI FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME VALENZUELA, KRISTEL  
STREET ADDRESS 949 N.E. 214 LANE, #4  
CITY-ST-ZIP MIAMI FL

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVS ☐ DELETE

NAME VALENZUELA, CYNTHIA  
STREET ADDRESS 949 N.E. 214 LANE, #4  
CITY-ST-ZIP MIAMI FL

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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] 1/19/98 [Signature] 1/19/98

CR2E034 (10/97)