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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000086569

1. Corporation Name

Principal Place of Business

ELITE ORIGINALS FURNITURE CORP.

2. Principal Place of Business 3. Date Incorporated or Qualifed 10/21/1996 4. FEI Number 65-0700779 Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Fee Required 7. Fust Fund Contribution 7. Stouch State 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualifed 10/21/1996 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Fee Required 8. This corporation owes the current year Intanglifle Personal Property Tax. 9. Name and Address of Current Registered Agent 4. FEI Number Fee Required 5. Certificate of Status Desired 8. Election Campaign Financing Fee Required 8. This corporation owes the current year Intanglifle Personal Property Tax. 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Bax Number is Not/Acceptable) 83 Zip Code 3. Zip Code
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0700779 Suite, Apt. #, etc. Suite, Apt. #, etc. 2. City & State City & State City & State 2. City & State 2. City & State 2. Country Zip Country 2. This corporation owes the current year Intangible Personal Property Tax. No 9. Name and Address of Current Registered Agent VALENZUELA, JOSE M 949 NE 214 LN. APT. 4 MIAMI FL 33179 A pplied For Roppied For Ro
Suite, Apt. #, etc. Suite, Apt. #, etc. 27
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City & State City & State City & State State City & State City & State State City & State State City & State Sta
City & State City & State 28 Country Country 29 30 State 4
Zip Country Zip Country 8. This corporation owes the current year Intanglifle Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VALENZUELA, JOSE M 949 NE 214 LN. APT. 4 MIAMI FL 33179
24 25 29 30 Personal Property Tax. Ves No 9. Name and Address of Current Registered Agent VALENZUELA, JOSE M 949 NE 214 LN. APT. 4 MIAMI FL 33179 Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Bpx Number is Not/Acceptable) 83 Street Address (P.O. Bpx Number is Not/Acceptable) 84 Site of Address (P.O. Bpx Number is Not/Acceptable)
9. Name and Address of Current Registered Agent VALENZUELA, JOSE M 949 NE 214 LN. APT. 4 MIAMI FL 33179 10. Name and Address of New Registered Agent 81 Name 82 Street Address (B.O. Bpx Number is Not/Acceptable) 83 Street Address (B.O. Bpx Number is Not/Acceptable)
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MIAMI FL 33179
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84 City Plana Pull = DIAF FI 85 Zip Code of
1/2000 100 10 35028
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 Y De Colquelle 1/20199
Signature. Upod or printed home of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
12. DEFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE DP DELETE 1.1 TITLE Zero Addition
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STREET ADDRESS 949-NE 214 LN #4- 1.3 STREET ADDRESS PLOT D 10 F F D 10 F F D 10 F F F D 10 F F F D 10 F D 10 F F D 10 F D
CITY-ST-ZIP MIAMI FL 33179 14 CITY-ST-ZIP PEN DRUE PINE PL 3>UL 8
NAME VALENZUELA, JENNY 22 NAME 1505 N WIZCOURT
STREET ADDRESS 949-N.E. 214-LANE, #4
STREET ADDRESS 949-N.E. 214-LANE, #4 CITY-ST-ZIP MIAMI FL TITLE DVP DELETE 3.1 TITLE 2.3 STREET ADDRESS PEMBESICE PINE 72. 33028 Addition
OWNERS WALFARMER O. L.C.
NAME SUMMERALL, VALENZUELO J G. STREET ADDRESS -949 N.E214 LANE, #4 CITY-ST-ZIP MIAMI FL 32 NAME 33 STREET ADDRESS J 505 N W I & COLLET 33 STREET ADDRESS J 505 N W I & COLLET 34 CITY-ST-ZIP PERM ROKE PINE FL >> 02 Y
STREET ADDRESS -949 N.E214 LANE, -#4 33 STREET ADDRESS 505 N N N N N COLLY 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
NAME VALENZUELA, KRISTEL STREET ADDRESS 949 N.E. 214 LANE. #4 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDR
STREET ADDRESS 949 N.E. 214 LANE, #4.
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CITY-ST-ZIP MIAMI FL
CONVE
NAME 62 NAME CODET ADDRESS 63 STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90001 012 ***150.00