

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

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Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90001 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086569

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

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 (P.O. Box Number is Not Acceptable)

83

84 City

PEMBROKE PINE FL

85 Zip Code

33028

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]*

(NOTE: Registered Agent signature required when reinstating)

1/20/99

12. OFFICERS AND DIRECTORS

☐ DELETE

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

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1505 NW 12 COURT  
1.4 CITY-ST-ZIP PEMBROKE PINE FL 33028

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1505 NW 12 COURT  
2.4 CITY-ST-ZIP PEMBROKE PINE FL 33028

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 1505 NW 12 COURT  
3.4 CITY-ST-ZIP PEMBROKE PINE FL 33028

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 1505 NW 12 COURT  
4.4 CITY-ST-ZIP PEMBROKE PINE FL 33028

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 1505 NW 12 COURT  
5.4 CITY-ST-ZIP PEMBROKE PINE FL 33028

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20/99 954-4553313

CR2E034 (11/98)