

FLORIDA DEPARTMENT OF STATE

Katherine Harris -

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000009925

1. Corporation Name

ELEGANT HOUSE INTERNATIONAL, INC.

	,	•									
Principal Place of Business Mailing Address							1 (191(18) 110 1011 1011 1011 1011			1112 11027	••••
1960A SW 30TH AVE 1960A SW 30TH AVE											
HALLANDALE FL 33009 HALLANDALE FL 33009							DO NOT WRITE II	JILIC	SPACE		
us							3. Date Incorporated or Qualifed	11113	SFACE		
							01/31/1997				Į.
2 Principal Pl	lace of Business	2a. Mailing Address				+	4. FEI Number			Applied	For
21	,	26					65-0761768		<u> </u>	Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			1			\$8.75	5 Additi	ional
27						= =	5. Certifcate of Status Desired		Fee	Require	<u>:d</u> :
City & State	28						6. Election Campaign Financing			0 May	
						_	Trust Fund Contribution			d to Fe	es
Zip	Country	Zip	Cou	ntry		- 1	8. This corporation owes the current y	ear Inta		-1	
24	25		30				Personal Property Tax.		Yes	N	10
	9. Name and Address of	Current Registered Agent		81	Name	1	10. Name and Address of New Regis	stereu /	-Agent		
COR	PORATION SERVICE COM	PANY		٠.	Name						
1201 HAYS STREET					Street Addre		(P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525				83				-			
				84	City			FL	85 Ži	ip Code	'
44 Pursuant	to the provisions of Sections 6	07 0502 and 607 1508. Florida Statute	s, the al	oove	l e-named cor	porat	tion submits this statement for the purp	ose of	changing	its regis	stered
office or r	egistered agent, or both, in the	State of Florida. Such change was au obligations of, Section 607.0505, Flor	ithonzed	by	the corporat	ion's	s board of directors. I hereby accept the	appoir	itment as	registe	red
=	m ramiliar with, and accept the	obligations of, Section 607.0303, Pior	iua Stati	1103	•						
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable. (NOTE:	Registered	Agen	nt signature requi	red who	nen reinstating)	ATE			
12.	OFFICE	RS AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICE	RS AN			
TITLE	D	☐ DELETE	1.1 Til	ΠE			•		Chang	je ∟	Addition [
NAME.	nadar, ahmad		1.2 NA	ME							
STREET ADDRESS 1960A SW 30TH AVE			1.3 ST	1.3 STREET ADDRESS							}
CITY-ST-ZIP	HALLANDALE FL 33009			1.4 CITY-ST-ZIP							A ddisan
TITLE	D MAN	DELETE	2.1 TII				_		Chang	¹⁶ 7	Addition
NAME	PAVAN DEMARK	4 MAINTEUS	22 NA			$\overline{}$	~				•
STREET ADDRESS	960A SW 30TH	HVE			TADDRESS	- `	• 3 · · · ·		,	< 5	1
CITY-ST-ZIP	HACCHOUNCE, PL	DELETE	2. 4 CI		ST-ZIP				Chang		Addition
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NAME	· •		3.2 NA		T 4000000						
STREET ADDRESS					TADDRESS						
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			4.2 N								
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STREET ADDRESS	•		4.4 CF		1						}
CITY-ST-ZIP TITLE		DELETE	5.1 JT		1-ZIF				Chang		Addition
NAME			5.2 NA		ļ				_ `		
STREET ADDRESS					TADORESS						·
CITY-ST-ZIP			5.4 CI	TY-S1	T-ZIP						
TITLE		☐ DELETE	6.1 TIT	ΓLE					Chang	je [Addition

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 of 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 execution of the corporation of the corporati

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP

Daytime Phone #

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90275 029 ***150.00