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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023303

Principal Place of Business Mailing Address										
8529 NW 21 STREET CORAL SPRINGS FL 33071		8529 NW 21 STREET CORAL SPRINGS FL 33071						DO NOT WRITE I		
							3.	Date Incorporated or Qualifed 03/14/1997		
2. Principal Place of	Business	2a. Mailing	Address				4.	FEI Number		
21		26		59-3436990						
Suite, Apt. #, etc.		Suite, A	Apt. #, etc.				5.	Certifcate of Status Desired		
. City & State			State.				6.	Election Campaign Financing— Trust Fund Contribution		
Zip	Country	Zip	[Count	lry	•	8.	This corporation owes the current Personal Property Tax.		
9. Name and Address of Current Registered Agent					_		10.	Name and Address of New Reg		
URRUTIA,			•	L	31	Name Street Addr		P.O. Box Number is Not Acceptable		

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90028 002 ***150.00

ELITE AS	SSOCIATES INCORPORAT	ED									
Principal Place	e of Business	Mailing	Address					1 (30)(40) (40)0/() 100() 60() (IQUU BQUI BB(IB I	1166 1166 1166	# # (# # till # till # till # # till # ti
8529 NW 21 STREET			71				DO NOT WE	RITE IN THIS	SPACE		
							3.	. Date Incorporated or Qualifed	t		:
								03/14/1997			
2. Principal Pi	ace of Business	2a. Maili	ing Address				4	, FEI Number		Ar	plied For
21		26						59-3436990			t Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.				5.	. Certifcate of Status Desired		\$8.75 A	
. City & State		City	& State					- Election Campaign Financing) _[-]	\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Cou	untry		8	. This corporation owes the cu	rrent year Inta		
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	ent Registered	Agent		104		10	Name and Address of New	Registered /	agent	
HODE	LITIA CADLOS				81	Name					
	utia, carlos NW 21 street				82	Street	Address (P.O. Box Number is Not Accep	table)		
	AL SPRINGS FL 33071				83						
COR	AL SPRINGS PL 3307 I				83						
)					84	City			FL	85 Zip	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Su	ich change was	authorize	a by	the corpo	corporation s b	on submits this statement for the locard of directors. I hereby acc	e purpose of ept the appoir	changing its itment as re	registered gistered
SIGNATURE			410	75. Di.t		at rignature 6	required when	coincipling)	DATE		
40	Signature, typed or printed name of registered a	AND DIRECTO		13.		it signature i		ADDITIONS/CHANGES TO O		D DIRECTO	ORS IN 12
12.	PD	WED BINEDIO	DELETE		ITLE			ADDITIONO, DE L'ALCON LE CO		Change	Addition
NAME	URRUTIA, CARLOS			1.2 N	IAME						
STREET ADDRESS	8529 NW 21 STREET			135	TREE	T ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071				TY-S						
TITLE	TD		☐ DELETE	2.1 T						Change	Addition
NAME	URRUTIA, MARINA			22 N	IAME						
STREET ADDRESS	8529 NW 21 STREET			2.3 S	TREET	T ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33071			2 4 0	CITY-S	ST-ZIP) .				
TITLE			☐ DELETE	3.1 T				_		Change	☐ Addition
NAME				3.2 N	IAME						
STREET ADDRESS				3.3 S	TREE	T ADDRESS					
CITY-ST-ZIP				3.4. (CITY-S	ST-ZIP					<u></u>
TITLE	•		□ DELETE	4.1 T	TILE					Change	☐ Addition
NAME				4. 21	NAME						
STREET ADDRESS				4.3 S	TREE	TADDRESS					
CITY-ST-ZIP				4.4 0	CITY-S	T-ZIP	ļ			-=	-
TITLE			☐ DELETE		MLE	,				Change	Addition
NAME				1	NAME						
STREET ADDRESS				1		T ADDRESS					-
CITY-ST-ZIP					CITY-S	T-ZIP	ļ				
TITLE			☐ DELETE		TTLE					Change	Addition
NAME					AME						
STREET ADDRESS				6.3 S	TREE	TADORESS	1				

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 my an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS