## 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

## FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90023 024 \*\*\*550.00

DOCUMENT  1. Corporation Name	#	P98000099206

ELITE-USA CORP.

Principal Place of Business

Mailing Address

201- 9- BISCAYNE BLVD. STE 300-

201 S BISCAYNE BLVD. STE 900

AMI FE 33131		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed			
			11/25/1998			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
27 III SE 1st street	26 111 SE. 12 5	rect	652354572	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  23 Mizmi, FL-	City & State  28 Migmi, FL.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		untry V_S A	This corporation owes the current year In     Personal Property Tax.	ntangible ☐ Yes <b>Y</b> No		
24 33 5 25 VSA 29 35 30 30 9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
GREENE, MICHAEL STEVEN		81 Name C 82 Street Addre	Borax ess (P.O. Box Number is Not Acceptable) SE. Street			
		83				
		84 City Mia	mi FI	85 Zip Code 33131		
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 agent. I am familiar with, and accept the obligations of, S State of Florida. Such change was authorized by the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition President DELETÉ 1.1 TITLE ☐ Change TITLE David Borax GREENE: MICHAEL STEVEN-1.2 NAME NAME III SE. IST 201 SOUTH BISCAYNE BLVD, STE. 900-1.3 STREET ADDRESS STREET ADDRESS 33131 MIAMI FL 33131 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition i⊓ delete 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

UTTPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

S/15/PP

301-577-3354

CR2E034 (11/98)