FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:58

DOCUMENT # S85325 (6)

1. Corporation Name
ELITE MODEL MANAGEMENT MIAMI CORPORATION

Principal Place of Business	Mailing Address
C/O ROLAND LANGEN 112 SOUTH HIBISCUS ISLAND MIAMI FL 33139-5130	C/O ROLAND LANGEN 112 SOUTH HIBISCUS ISLAND MIAMI FL 33139-5130

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 1200 Collins Avenue	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 207	Suite, Apt. #, etc. 27
City & State 23 Miami Beach, FL	City & State 28
Zip / Country 24 33139 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 10/01/1991
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0288948 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANGEN, ROLAND
112 SOUTH HIBISCUS ISLAND
MIAMI FL 33139-5130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	KITTLER, ALAIN	1.2 NAME	
STREET ADDRESS	112 S. HIBISCUS ISLAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33139
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	CASABLANCAS, JOHN	2.2 NAME	
STREET ADDRESS	111 EAST 22 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010	2.4 CITY-ST-ZIP	10010
TITLE	TS	3.1 TITLE	☐ Change ☒ Addition
NAME	ZAGAMI, JO	3.2 NAME	
STREET ADDRESS	111 EAST 22ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	10010
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 1/31/95 212-529-9594
SIGNATURE AND TYPED OR PRINTED NAME OF D/F/MD OFFICER OR DIRECTOR — Date — Daytime Phone #

0428201 FP