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

PROFIT CORPORATION ANNUAL REPORT

1999

LANGEN, ROLAND

112 SOUTH HIBISCUS ISLAND MIAMI FL 33139-5130

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$85325

ELITE MODEL MANAGEMENT MIAMI CORPORATION

Principal Place of Business Mailing Address C/O ROLAND LANGEN 1200 COLLINS AVENUE 112 COUTH HIBISCUS ISLAND SUITE 207 MIAMI BEACH FL 33139 MIAMI-FL-23139 5190 P.O. Box 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc.

City & State 28 Zip Country 25

9. Name and Address of Current Registered Agent

This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed 10/01/1991

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

65-0288948

Street Address (P.O. Box Number is Not Acceptable)

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90068 040 ***150.00

DO NOT WRITE IN THIS SPACE

Zip Code

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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, and accept the obligations of Section 607.0505. Elogida Statutes

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.		OFFICERS AND DIRECTOR	
TITLE	D DELE	1.4 TITLE	VICE-PRESIDEN	☐ Change	Addition
NAME	KITTLER, ALAIN	1.2 NAME	CAPUCINE CAS	(FTS _{c.}	
STREET ADDRESS	111 EAST 22 STREET	1.3 STREET ADDRESS	3166 Center:	Street	
CITY+ST-ZIP	NEW YORK NY 10010	1.4 CITY-ST-ZIP	Miami /Fl	33,[33	
TITLE	D DELE	TE 2.1 TITLE	SECRETHRY/TR	EASUKOR Change	Addition
NAME	CASABLANCAS, JOHN	2.2 NAME	JEROME ZAG	URY #	20
STREET ADDRESS	111 EAST 22 ST.	2.3 STREET ADDRESS	one Union Sque	ure South " a	30
CITY-ST-ZIP	NEW YORK NY 10010	2.4 CITY-ST-ZIP	New York!	1 4 1000 <u>-</u>	
TITLE	TS./ !	TE 3.1 TITLE	Ţ <u>,</u>	Change	☐ Addition
NAME	ZAGAMI, JO	3.2 NAME			
STREET ADDRESS	111 EAST 22ND STREET	3.3 STREET ADDRESS	ĺ		
CITY-ST-ZIP	NEW YORK NY 10010	3.4. CITY-ST-ZIP			
TITLE	VP DELE	4.1 TITLE	1	☐ Change	☐ Addition
NAME	CORINNE NICOLAS	4. 2 NAME			
STREET ADDRESS	111 EAST 22ND ST	4.3 STREET ADDRESS]		
CITY-ST-ZIP	NEW-YORK NY_10010	4.4 CITY-ST-ZIP		<u></u>	
TITLE	[] DELE	TE 5.1 TAILE		☐ Change	☐ Addition
NAME		5.2 NAME		•	l
STREET ADDRESS		5.3 STREET ADDRESS			1
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP			
TITLE	DELE			☐ Change	☐ Addition
NAME	;	6.2 NAME	į		ļ
STREET ADDRESS	·	6.3 STREET ADDRESS		•	
om/ or 710.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	64 CITY-ST-ZIP	1		

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: