

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

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 571018 (1)

**1. Corporation Name
GIORDANO MIRRORS OF FLORENCE, INC.**



Principal Place of Business: **12737 BISCAYNE BLVD. NO MIAMI BCH FL 33181**
Mailing Address: **12737 BISCAYNE BLVD. N. MIAMI FL 33181-2003 US**

3. Date Incorporated or Qualified: 05/04/1978 **3a. Date of Last Report: 05/01/1996**

2. Principal Place of Business **2a. Mailing Address**

4. FEI Number: 59-1822416 Applied For: Not Applicable:

22. Suite, Apt. #, etc. **27. Suite, Apt. #, etc.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **28. City & State**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **25. Country** **29. Zip** **30. Country**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIORDANO, DANIEL
12737 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33181**

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

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

Signature type in printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input type="checkbox"/> DELETE
NAME	GIORDANO, DANIEL	
STREET ADDRESS	14400 BISCAYNE BLVD	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GIORDANO, GRACIELA	
STREET ADDRESS	14400 BISCAYNE BLVD	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3745 N.E. 171ST UNIT 49
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33160
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3745 N.E. 171ST - UNIT 49-
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33160
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Graciela Giordano Vice President/Secretary 1-6-97 305-895-3114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)