

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

APPROVED
AND
FILED

95 MAR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G19283

(2)

1. Corporation Name

MILANO CREATIONS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/19/1983 3a. Date of Last Report 03/24/1994

4. FEI Number 59-2259934

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASENDORF, RAY
2671 EMORY DR E
W PALM BCH FL 33415

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☒ Addition
NAME	KASENDORF, RAY	1.2 NAME	
STREET ADDRESS	2671 EMORY DR E	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	33415
TITLE	SD	2.1 TITLE	☐ Change ☒ Addition
NAME	KASENDORF, MARION	2.2 NAME	
STREET ADDRESS	2671 EMORY DR, EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	33415
TITLE	PD	3.1 TITLE	☐ Change ☒ Addition
NAME	KASENDORF, MICHAEL	3.2 NAME	
STREET ADDRESS	33 LONGRIDGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLAINVIEW NY	3.4 CITY-ST-ZIP	11803
TITLE	DV	4.1 TITLE	☐ Change ☒ Addition
NAME	SMITH, JAMES	4.2 NAME	
STREET ADDRESS	3789 TRADING PT. LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BCH VA	4.4 CITY-ST-ZIP	23452
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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 (change) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KASENDORF, PRES

Date

3/15/95

Daytime Phone #

516-433-6884