FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 20 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 # **G19283** **(2)**

1. Corporation Name
MILANO CREATIONS, INC.

Principal Place of Business	Mailing Address
208 NEWBRIDGE RD. PO BOX 927 HICKSVILLE NY 11801	208 NEWBRIDGE RD. PO BOX 927 HICKSVILLE NY 11801-3930

3. Date Incorporated or Qualified: **01/19/1983**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

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

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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
KASENDORF, RAY		1.2 NAME	
2671 EMORY DR E		1.3 STREET ADDRESS	
W PALM BCH FL		1.4 CITY-ST-ZIP	33415
SD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
KASENDORF, MARION		2.2 NAME	
2671 EMORY DR, EAST		2.3 STREET ADDRESS	
WEST PALM BEACH FL		2.4 CITY-ST-ZIP	33415
PD	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
KASENDORF, MICHAEL		3.2 NAME	
33 LONGRIDGE RD.		3.3 STREET ADDRESS	
PLAINVIEW NY		3.4 CITY-ST-ZIP	11803
DV	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
SMITH, JAMES		4.2 NAME	
3789 TRADING PT. LANE		4.3 STREET ADDRESS	
VIRGINIA BCH VA		4.4 CITY-ST-ZIP	23452
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: X *Michael Kasendorf* *MICHAEL KASENDORF, PRES.* *516-433-6884*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497103