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Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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. 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	TD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE _____ 3/24/98