

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000336 (5)**

1. Corporation Name

**MINRAN IMPORTS LIMITED INC.**

Principal Place of Business

Mailing Address

4310 10TH AVENUE NORTH  
LAKE WORTH FL 33461

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LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/23/1993** 3a. Date of Last Report **05/01/1994**

4. FBI Number **APPLIED FOR 65-0461141** 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		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHREIBER, CHARLES**  
4310 10TH AVENUE NORTH  
LAKE WORTH FL 33461

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 the 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 his or her approver)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHREIBER, CHARLES</b>	12 NAME	<b>SANDRA SCHREIBER</b>
STREET ADDRESS	<b>5594 EGRET ISLE TR</b>	13 STREET ADDRESS	<b>5594 EGRET ISLE TR</b>
CITY - ST - ZIP	<b>LK WORTH FL</b>	14 CITY - ST - ZIP	<b>LAKE WORTH FL 33467</b>
TITLE		21 TITLE	<b>V. PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>MINDY O'NEAL</b>
STREET ADDRESS		23 STREET ADDRESS	<b>22093 SW 58TH AV.</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>BOCA RATON FL 33428</b>
TITLE		31 TITLE	<b>SECRETARIES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>RANDI SCHREIBER</b>
STREET ADDRESS		33 STREET ADDRESS	<b>22093 SW 58TH AV</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>BOCA RATON FL 33428</b>
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(b), 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: *Sandra Schreiber* - **SANDRA SCHREIBER** 4/21/95 (407) 966-5508  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR, OFFICER OR DIRECTOR Date (Typed Name)