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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90019 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000000336**

1. Corporation Name
MINRAN IMPORTS LIMITED INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4310 10TH AVENUE NORTH
 LAKE WORTH FL 33461**

Mailing Address
**4310 10TH AVENUE NORTH
 LAKE WORTH FL 33461**

3. Date Incorporated or Qualified
12/23/1993

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Country |
| 25 | Country | 30 | Country |

| | |
|---|---|
| 4. FEI Number | Applied For |
| 65-0461141 | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------|--|--|----------------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| <input type="checkbox"/> DELETE | P SCHREIBER, SONDR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 5594 EGRET ISLE TR LAKE WORTH FL | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | V ONEAL, MINDY | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 22093 SW 58TH AVENUE BOCA RATON FL | 2.1 TITLE | |
| | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | ST SCHREIBER, RANDI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 10661 NW 45TH STREET CORAL SPRINGS FL | 3.1 TITLE | ST |
| | | 3.2 NAME | RANDI SCHREIBER |
| | | 3.3 STREET ADDRESS | 22093 SW 58 AVE |
| | | 3.4 CITY-ST-ZIP | BOCA RATON FL 33428 |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 4.1 TITLE | |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 5.1 TITLE | |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | 6.1 TITLE | |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: *Sondra Schreiber*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/9/99**

Daytime Phone #

CR2E034 (1-1/98)