## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 366195
1. Corporation Name
ESPANA IMPORTERS INC.

(6)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AM II: 57



Principal Place of Business Mailing Address							(B)
1615 SW 8 STREET 1615 SW 8 STREET							
MIAMI FL 33135 MIAM		MIAMI FL 33135	IAMI FL 33135				
					DO NOT WRITE  3. Date Incorporated or Qualified		
					<b>06/26/1970</b>	3a. Date of 04/11/1	
2. Principal Place of Business 2a. Malling Address					4. FEI Number	1 11 140	Applied For
21 26				59-1294545		ŀ	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8	.75 Additional
22				Fee Required		ee Required	
23 City & State	City & State City & State			6. Election Campaign Financing		\$!	5.00 May Be
Zip	Country Zip		Country		Trust Fund Contribution	<del></del>	dded to Fees
24	25 29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg		
	, TEOBALDO M		81	Name			
1445 SW 102 PL.				Street Addr	ress (P.O. Box Number is Not Acceptable	le)	
MIAMI FL							
			83				
			84	City	· · · · · · · · · · · · · · · · · · ·	85	Zip Code
11 Purcuant t	to the provisions of Sections 607.05	02 and 607 1509. Elorido State	uten the shows	named apr	coroling submits this statement for the man	FL "	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 a	gent and title if applicable. (NC	OTE: Registered Age	nt signature requir	red when reinstating)	DATÉ	·
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12
TITLE	PLA, TEOBALDO M		11 TITLE			☐ CH	nange 🔲 Addition
NAME	1445 SW 100 DI ACE		1.2 NAME		8000022	4589	8o
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS		-07/23/9	9701130	)025
CITY-ST-ZIP TITLE	\$D	DELETE	1.4 CITY - ST 2.1 TITLE	- ZIP			*170-00
NAME	PLA, CLARA RAQUEL		2.1 HILE 2.2 NAME			LJ Ch	nange
STREET ADDRESS	1445 SW 102 PLACE		2.3 STREET	AUVDEGG			İ
CITY-ST-ZIP	Miami Fl		2.4 CITY - S	1			
TITLE	TD DELETE		3.1 TITLE	1-211	$\sim$ 0 $\sim$	□ Ch	nange Addition
NAME	PLA, RAQUEL N		3.2 NAME				
STREET ADDRESS	1445 SW 102 PLACE		3.3 STREET	ADDRESS	1125		
CITY-ST-ZIP	MAMI FL		3.4. CITY-S	1 - ZIP	(10)		
TITLE		☐ DELETE	4.1 TITLE			Ch	ange Addition
NAME			4. 2 NAME	,	•		
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		I becere	4.4 CITY-SI	- ZIP			
TITLE		DELETE	5.1 TITLE			L.J Ch	ange L Addition
NAME CTOCCY AD DESC			5.2 NAME	IDODEGO			1
STREET ADDRESS CITY-ST-ZU			5.3 STREET A				
TITLE	<del> </del>	DELETE	5.4 CITY - ST 6.1 TITLE	- ZIP		☐ Ch	ange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY-ST-ZIP			6.4 City-St				
14. I do hereb	y certify that the information supplied	ed with this filing does not qua-	lify for the ever	nntion stated	in Section 119.07(3)(i), Florida Statutes	. I further certify	that the
I am an on	ncer or anector of the corporation of	ir ine receiver or trustee emboi	wered to execu	ate and that de this report	my signature shall have the same legal t as required by Chapter 607, Florida Sta	effect as if mad atutes; and that	ie under oath; that t my name
appears in	Block 12 or Block 13 if changed, o	or on an attachment with an ad	idress.	1 ) 1		,	-