

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 21 1996 8:00 am
Secretary of State

DOCUMENT # 210550 (0)

1. Corporation Name

IMPORTS FOR THE TRADE, INC.



Principal Place of Business

100 N.E. 40TH STREET
MIAMI FL 33137

Mailing Address

100 N.E. 40TH STREET
MIAMI FL 33137

2. Principal Place of Business

21 9133 COLLINS AVE.

Suite, Apt. #, etc.

22 #D-3

City & State

23 SURFSIDE, FL

Zip

24 33154

Country

25 DADE

2a. Mailing Address

26 9133 COLLINS AVE.

Suite, Apt. #, etc.

27 #D-3

City & State

28 SURFSIDE, FL

Zip

29 33154

Country

30 DADE

3. Date Incorporated or Qualified

03/17/1958

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0972176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

BOSSHARDT, KURT E
515 SEABREEZE BLVD (SUITE 209)
ALLEY, MAASS, ROGERS, & LINDSEY, PA.
FT LAUDERDALE 33316

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

Signature typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HART, ROBERT F
STREET ADDRESS 100 N.E. 40TH STREET
CITY-STATE-ZIP MIAMI FL

TITLE STD ☐ DELETE

NAME HART, VALERIE
STREET ADDRESS 100 N.E. 40TH STREET
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9133 COLLINS AVE. (#D-3)
1.4 CITY-STATE-ZIP SURFSIDE, FL 33154

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9133 COLLINS AVE. (#D-3)
2.4 CITY-STATE-ZIP SURFSIDE, FL 33154

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (305) 868-8474

Date Daytime Phone #

CR2E034 (12/95)