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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # F02770

(8)

1. Corporation Name
C. STEIGER IMPORTERS, INC.



Principal Place of Business
14 N.E. 1ST AVENUE, SUITE 1404
C/O CHAIM STEIGER
MIAMI FL 33132

Mailing Address
14 N.E. 1ST AVENUE, SUITE 1404
C/O CHAIM STEIGER
MIAMI FL 33132-2407

3. Date Incorporated or Qualified
10/22/1980

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 169 EAST FLAGLER ST.

26 169 E. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 824

27 824

City & State

City & State

23 MIAMI FL.

28 MIAMI FL.

Zip

Zip

24 33131

29 33131

Country

Country

25 DADE

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIGER, CHAIM
20100 N.E. 22ND AVENUE
N MIAMI BCH FL 33179

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS

NAME STEIGER, CHAIM

STREET ADDRESS 20100 N.E. 22 AVE.

CITY-ST-ZIP N MIAMI BCH, FL 00000

TITLE V

NAME STEIGER, GILDA

STREET ADDRESS 20100 N.E. 22 AVE.

CITY-ST-ZIP N MIAMI BEACH FL

TITLE T

NAME STEIGER, RON

STREET ADDRESS 20100 N.E. 22 AVE.

CITY-ST-ZIP N MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

CHAIM STEIGER

5/21/97

(305) 374-0377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)