

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90031 005 \*\*\*550.00

DOCUMENT # F02770

Corporation Name

C. STEIGER IMPORTERS, INC.



Principal Place of Business  
EAST FLAGLER ST  
MIAMI FL 33131

Mailing Address  
169 E. FLAGLER ST  
#824  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
		10/22/1980	59-2031191	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
		Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year Intangible		
		Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E IE EET ADDRESS Y-ST-ZIP	PDS STEIGER, CHAIM 20100 N.E.22 AVE. N MIAMI BCH, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS Y-ST-ZIP	V STEIGER, GILDA 20100 N.E.22 AVE. N MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.2 NAME	
E IE EET ADDRESS Y-ST-ZIP	T STEIGER, RON 20100 N.E.22 AVE. N MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	2.2 NAME	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	3.2 NAME	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.2 NAME	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.2 NAME	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.2 NAME	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E IE EET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99

Date

Daytime Phone #

CR2E034 (11/98)