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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006456 (5)

PALI IMPORTS, INC.

Principal Place of Business Mailing Address													
2088 NW 21ST ST. MIAMI FL 33142				2088 NW 21ST ST. MIAMI FL 33142-7316									
									3. Date Incorporated or Qualified 12/10/1996	3a. D	ale of Last R	eport	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	•	Ap	plied For	
21			26	. 								t Applicabl	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certrlicate of Status Desired		\$8.75 / Fee Re		
City & Stat 23	te		28	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip 24	25	Dountry	29	Zip	30	ountr	У			Yes	□No	199.032,	
		Address of Cur	ent Regis	lered Agent					10. Name and Address of New Re	gistered	Agent	·	
	3H, HARDEV					81	Name						
2088 NW 21ST ST. MIAMI FL 33142						82	Street	et Address (P.O. Box Number is Not Acceptable)					
						83							
						84	City			FL	85 Zip (Code	
office or a agent. I a SIGNATURE	registered agent, am familiar with, a Signalure, typed or prin								ration submits this statement for the pin's board of directors. I hereby acception to the pin statement for th	ot the ap	pointment as	registered	
12.	oignate, typed or par	OFFICERS A				3 .	ja k algria.un	e roquiec	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	S IN 12	
TITLE	COPS			☐ OELETE		1 TITLE		1			Change	Additio	
NAME	SINGH, HARD	EV			1.	2 NAME							
STREET ADDRESS	2088 NW 218				12	3 STHEE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL 331	42			1.	4 CHY-	ST-7IP						
TITLE				☐ DELETE	2	1 TITLE					☐ Change	Additio	
NAME					2	2 NAME							
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CITY-ST-ZIP							ST-ZIP	 					
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STREET ADDRESS							1 ADDRESS	1					
CITY-ST-ZIP TITLE				DELETE			S1 - ZIP	ļ			Chance	Addition	
				ויין הנונונ		1 TITLE O NOVA					[] Change	Additio	
NAME PTDDCT ADDDCCC						2 NAME							
STREET ADDRESS					4.3	3 STREE	LADDRESS						

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 eath; 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 attack nent with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7IP

DELETE

DELFTE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

25-03-97

305-594-9118

Change

Addition

Addition

FILED

May 07 1997 8:00am

Secretary of State