Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90078 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # **G50757**

1. Corporation Name

MALLAR	Y WORLD IMPORTS, INC.							
Principal Place	of Business	Mailing Address				I ISTIILE TORI BIKI ETKII (TDAI BIKI 1901 BIRI SIRII SIRII	1 6(8(5 9))	Est #1811 1481
1249 STIRLING ROAD 1249 STIRLING ROAD								
DANIA FL 33004 DANIA FL 33004							_	
						DO NOT WRITE IN THIS SPACE	Ε	
						3. Date Incorporated or Qualifed		
						07/21/1983		
2. Principal Pl	ace of Business	2a. Mailing Address	;			4. FEI Number		lied For
21 26					59-2311284		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							dditional	
27						ee Req		
City & State City & State						5.00 A		
23		28				1100110110	dded to	Fees
Zíp				Country		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax		
24	25 29 30					Personal Property Tax.		ĭNo
	Name and Address of Currer	t Registered Agent		81		10. Name and Address of New Registered Agent		
ALLAN I KRUGER 2400 W CYPRESS CREEK RD				82	Name Street Add	ress (P.O. Box Number is Not Acceptable)		
STE 204				83				
FT LAUDERDALE FL 33309				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 age	nt and title if applicable.	(NOTE: Regis	tered Ager	nt signature requir	ed when reinstating) DATE	-	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTO	RS IN 12
TITLE				.t TITLE			hange	☐ Addition
NAME			.2 NAME					
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CITY-ST-ZIP	110111111000 51 00001			.4 CITY-S	T-7IP			Ì
TITLE			1 TITLE		·	hange	☐ Addition	
NAME	KAPLAN, LAWRENCE		2	2 NAME	ľ			
				ADDRESS				
STREET ADDRESS	HOLLYWOOD FL 33021			2. 4 CITY+S				
CITY-ST-ZIP	TIOLETTOOD TE SOSET	☐ DELE		LA TITLE	11-21	ПС	hange	Addition
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NAME					ADDRESS			
STREET ADDRESS	-							
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			9.4. CITY-S 1.1 TITLE	ii-ZIP		hange	Addition
TITLE							90	
NAME				. 2 NAME	[
STREET ANDRESS			1 4	I.3 STREFT	ADDRESS I			ì

14. 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 chapted, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Helen Kaplan
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

Date

Daytime Phone #

☐ Change

Addition

☐ Addition