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

CORPORATION ANNUAL REPORT



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

1996

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1. Corporation	ANO IMPORTS COMPANY,	(-)						
Principal Place	of Business	Mailing Address						
1920 HOLLYWOOD BLVD HOLLYWOOD FL 33020		1920 HOLLYWOOD BLVD HOLLYWOOD FL 33020						
					3. Date Incorporated or Qualified 05/14/1986	3a. Date of Last F 02/13/1		
2. Principal Pla 21	ace of Business	2a. Mailing Address	<u>├</u> ──┐		4. FEI Number	<b>⊢</b>	Applied For	
Suite, Apt. #, etc.		Suite Apt #, etc.	Suite, Apt. #, etc.		\$9.75 Addition		Not Applicable	
2		27	• •		5. Certificate of Status Desired		Padditional Required	
City & State		Crty & State	Crty & State		6. Election Campaign Financing	\$5.0	0 May Be	
23		28	<del>  </del>		Trust Fund Contribution Added to Fees			
Ζιρ <b>24</b>	Gountry 25	7 <sub>1</sub> p	30 Cour	itry	8. This corporation has liability for in Florida Statutes Yes		199.032,	
.7	9. Name and Address of Currer		[30]		10. Name and Address of New R	<u></u>		
				81 Name	10. 1141/0 4/4 /4	ogistered Agent		
LAWITS	SCHKA, RENIER		-	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
1920 H	IOLLYWOOD BLVD.		83			0)		
HOLLY	WOOD FL 33020							
			-	84 City		<b>—. 85</b> Zi	p Code	
				the above named corporation submits this statement for the purpose of changing its registered office				
familiar wit	of the provisions of Sections 607.0302 and agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was author	ized by the co	re-named corpo orporation's boa	ration submits this statement for the pur and of directors. Thereby accept the appo	oose of changing its i intment as registered	registered office I agent. I am	
SIGNATURE .	Signature, typed or perfect hame of registered agent	and the dark is an e	Olk : Booksteron A	igent signature region	are in the contract there)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.	grand region at temper	ADDITIONS/CHANGES TO OFFI		ORS IN 12	
THILE	DP			LF		☐ Change	Add-tion	
NAME	LAWITSCHKA, RUTH		1.2 NA	AF				
STREET ADDRESS	1920 HOLLYWOOD BLVD.		1.3 STF	EET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL		1.4 CIT	Y - S1 - ZIP				
11, FE	DVS	☐ DELETE		LF		Change	☐ Addition	
NAME	LAWITSCHKA, REINER		2 2 NAM					
STREET ADDRESS	1920 HOLLYWOOD BLVD. HOLLYWOOD FL			EET ADDRESS				
CHY-ST-ZIP TITLE	HOLLINGOD FL	DELETE	2 4 CIT	Y - ST - ZIP		Change	Addition	
NAME			3 2 NAF			Ghange	L.J. Addition	
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIF				7 - S1 - Z12				
TITLE		☐ DELETE	4. 1 TIT			☐ Change	Addition	
NAME			4.2 NAM	AF.		<b>_</b>		
STREET ADDRESS			43 STR	EET ADDRESS				
CITY-ST-7IP			4.4 C!I`	r-ST-7IP				
		☐ DELETE	44 CIT			☐ Change	Addition	
THTLE		☐ DELETE		LE		☐ Change	☐ Addition	
THTLE NAME		☐ DELETE	5 1 TH 5 2 NAM	LE		☐ Change	☐ Addition	
TITLE NAME SIREET ADDRESS CITY+ST ZIP			5 1 TH 52 NAM 53 STR 54 CH	LE ME E&T ADDRESS (+ST-ZIP			Addition	
TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE		☐ DELETE	5 : TIT 52 NAN 53 SIR 54 CIT 6 1 TIT	LE  AE  EET ADDRESS  (+ST-ZIP  LE		☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST. ZIP  TITLE  NAME			5 : TII 52 NAN 53 SIR 54 CII 6 1 TIT 62 NAN	LE  ME  EET ADDRESS  (+ST-ZIP  LE				
CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 : TII 52 NAM 53 SIR 54 CII 6 1 III 62 NAM 63 SIR	LE  AE  EET ADDRESS  (+ST-ZIP  LE				

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 regeiver 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.

TEO NAME OF SIGNING OFFICER OR DIRECTOR