

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J87443** (4)
1. Corporation Name

FLORIDA IMPORTS, INC.



Principal Place of Business Mailing Address
**2130 TAMiami TRAIL, NORTH
NAPLES FL 33940
US** **2130 TAMiami TRAIL, NORTH
NAPLES FL 33940
US**

3. Date Incorporated or Qualified **08/04/1987** 3a. Date of Last Report **04/18/1995**
4. FEI Number **59-2884986** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**ARBEZ, OLIVER
4613 LAKEWOOD BLVD.
NAPLES FL 33967**

10. Name and Address of New Registered Agent

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 Section 607.050, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and acknowledge, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when reappointing)

(NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PS ARBEZ, OLIVER**
STREET ADDRESS **4613 LAKEWOOD BLVD**
CITY - ST - ZIP **NAPLES FL**
TITLE ☐ DELETE
NAME **V ARBEZ, CLAUDINE**
STREET ADDRESS **4613 LAKEWOOD BLVD.**
CITY - ST - ZIP **NAPLES FL**
TITLE ☐ DELETE
NAME **T ARBEZ, JEAN CLAUDE**
STREET ADDRESS **4613 LAKEWOOD BLVD.**
CITY - ST - ZIP **NAPLES FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

946 261 7477

CR2E034 (3/96)