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

PROFIT CORPORATION ANNUAL REPORT



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

	1996	N. Committee

D	OCU	MENT # <b>K0735</b>	54 (9)						
1. Corporation Name  CRISTOM IMPORTING AND EXPORTING, INC.									
			·						
Principal Place of Business Making Address								#	
6408 W LINEBAUGH AVE		BAUGH AVE	6408 W LINEBAUGH AVE						
S101 TAMPA FL 33625		625	\$101 Tampa Fl 33625						
US			us			<ol> <li>Date Incorporated or Qualified</li> <li>12/16/1987</li> </ol>		e of Last Re 2/22/199	
r m	Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For
21	Suite, Apt. #	r etc	26   Suite, Apl. #, etc.			11-2628999		Not Applicable	
22	Courte, Fight 1		27			5. Certificate of Status Desired			Additional Required
1	City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
23	Z <sub>10</sub> .	28		7	<del>_</del>	Trust Fund Contribution			d to Fees
24	24,5	Country 25	Ζφ [ <b>29</b> ]	Countr 30	У	This corporation has liability for Florida Statutes	intangible ta □ No	ax under s	199.032,
		9. Name and Address of Curre				10. Name and Address of New F		Agent	
				8	Name				
	REIBER,			8:	Street Ac	idress (P.O. Box Number is Not Acceptate	ole)		
601 E. TWIGGS ST, SUITE 900 TAMPA FL 3360				8:	<u>.</u>				
	IMMENT	L 3300		0.	<u></u>				
				84	City		FL	85 Ziç	o Code
11.	. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above	named corp	poration submits this statement for the pur	mage of ch	angina ita r	egistered office
	or registere	ed agent, or both, in the State of Flo n, and accept the obligations of, Sec	rida. Such change was authori,	zed by the cor	poration's be	pard of directors. I hereby accept the app	ointment as	registered	agent. I am
Sic	GNATURE								
12				OTS Bug stered Ag	int signature requ	ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS W 12
TITL		PD	DELETE	1 1 TITLE				Change	Addition
NAN	Λi	CRISTIANO, THOMAS D.		1.2 NAME		SECRETARY	-	_ •	7
S'E	SELADORESS	7702 CRENSHAW ST.		1 3 STREE	I ADDRESS	ANTHONY CERRA			
	r - ST - ZIP	TAMPA FL VD		1.4 CITY -		7207 BEASLEY RD. TA	MPA, I	L 336	15
DIA NAN	!	CRISTIANO, VINCENZA	☐ DELETE	2 1 1111.6		C <sub>1</sub>	[	Change	Addition
	EET ADORESS	7702 CRENSHAW ST.		2.2 NAME	ADDRESS				
	SI - 7IP	TAMPA FL		24 CITY -					
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NAN	AE .			3.2 NAME					
STR	EET ADDRESS			33 STRE	ET ADDRESS				
	(+\$1,7#		F7 DULL	3 4 CITY -					
THE NAV	[		☐ DELETE	4 1 7171.6	ì		L	Change	☐ Addition
	CELLADORESS			4.2 NAME	LADDHESS				
	r-S1-7#			4 3 SIRES					
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4.33	<i>:</i> :			5 2 NAME			_		
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	ı - ST - Ziř			5.4 CHTY -	ST-ZIP				
7(1)			☐ DELEIF	6 1 111116			(	Change	☐ Addition
NAM Cau				6.2 NAME	LIBBERG				
	BET ADDRESS				I ADDRESS				
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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 difference 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 3 if changed, or on an attachment with an address

THOMAS - CCL 577 400

IGNATURE:

IGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: