

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K17299** (4)

1. Corporation Name

ADMIRAL SALES CORP.



Principal Place of Business

**1401 NW 88TH AVE
SUITE 315
MIAMI FL 33172
US**

Mailing Address

**420 LINCOLN RD
SUITE 315
MIAMI BEACH FL 33139-3014**

2. Principal Place of Business

21. Suite, Apt., etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt., etc.

27. City & State

28. Zip

29. Country

3. Date Incorporated or Qualified

02/26/1988

3a. Date of Last Report

02/10/1995

4. FEI Number

65-0035615

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

9. Name and Address of Current Registered Agent

**LAPCIUC, MARCOS
1401 NW 88TH AVE.
MIAMI FL 33172**

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 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 of Registered Agent or New Registered Agent

(Print) Registered Agent Signature Required with Registration

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME D LAPCIUC, MARCOS	1.1 TITLE ☐ Change ☐ Addition
2. STREET ADDRESS 420 LINCOLN RD #315	1.2 NAME
3. CITY, STATE, ZIP MIAMI BEACH FL	1.3 STREET ADDRESS
4. TITLE ☐ DELETE	1.4 CITY, STATE, ZIP
5. NAME	2.1 TITLE ☐ Change ☐ Addition
6. STREET ADDRESS	2.2 NAME
7. CITY, STATE, ZIP	2.3 STREET ADDRESS
8. TITLE ☐ DELETE	2.4 CITY, STATE, ZIP
9. NAME	3.1 TITLE ☐ Change ☐ Addition
10. STREET ADDRESS	3.2 NAME
11. CITY, STATE, ZIP	3.3 STREET ADDRESS
12. TITLE ☐ DELETE	3.4 CITY, STATE, ZIP
13. NAME	4.1 TITLE ☐ Change ☐ Addition
14. STREET ADDRESS	4.2 NAME
15. CITY, STATE, ZIP	4.3 STREET ADDRESS
16. TITLE ☐ DELETE	4.4 CITY, STATE, ZIP
17. NAME	5.1 TITLE ☐ Change ☐ Addition
18. STREET ADDRESS	5.2 NAME
19. CITY, STATE, ZIP	5.3 STREET ADDRESS
20. TITLE ☐ DELETE	5.4 CITY, STATE, ZIP
21. NAME	6.1 TITLE ☐ Change ☐ Addition
22. STREET ADDRESS	6.2 NAME
23. CITY, STATE, ZIP	6.3 STREET ADDRESS
24. TITLE ☐ DELETE	6.4 CITY, STATE, ZIP

14. I, the undersigned, 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcos Lapciuc

2-8-96

392-4500

Signature Printed Name

CR2E034 (12/95)