

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K42358 (7)

1. Corporation Name

IMPORTS OF MIAMI INC.



Principal Place of Business

% SALO GROSFELD
14652 BISCAYNE BLVD
NORTH MIAMI FL 33181

Mailing Address

% SALO GROSFELD
14652 BISCAYNE BLVD
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified

10/28/1988

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

4. FEI Number

65-0080834

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

10. Name and Address of New Registered Agent

GROSFELD, SALO
14652 BISCAYNE BLVD
NORTH MIAMI FL 33181

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 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office in 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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of

Registered Agent and Director

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GROSFELD, SALO
STREET ADDRESS 14652 BISCAYNE BLVD
CITY-ST-ZIP N MIAMI FL

TITLE D ☐ DELETE

NAME GROSFELD, JAIME
STREET ADDRESS 1070 SOUTH SHORE DR.
CITY-ST-ZIP MIAMI 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME

42 STREET ADDRESS

43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME

52 STREET ADDRESS

53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME

62 STREET ADDRESS

63 CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition

71 NAME

72 STREET ADDRESS

73 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)(c), 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALO GROSFELD

4/26/96

Date

Daytime Phone #

CP2E034 (12/95)