

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 28 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K42358 (7)**

**1. Corporation Name**  
**IMPORTS OF MIAMI INC.**

<b>Principal Place of Business</b> <b>* SALO GROSFELD</b> <b>14652 BISCAYNE BLVD</b> <b>NORTH MIAMI FL 33181</b>	<b>Mailing Address</b> <b>* SALO GROSFELD</b> <b>14652 BISCAYNE BLVD</b> <b>NORTH MIAMI FL 33181-1212</b>
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<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 10/28/1988	<b>3a. Date of Last Report</b> 05/01/1996
21 Suite, Apt. #, etc.		26 19401 W. DIXIE HWY.		<b>4. FEI Number</b> 65-0080834	<b>Applied For</b> Not Applicable
22 City & State		27 MIAMI FL.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 33180		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Dade		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>GROSFELD, SALO</b> <b>14652 BISCAYNE BLVD</b> <b>NORTH MIAMI FL 33181</b>				<b>81 Name</b>	
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
				<b>83</b>	
				<b>84 City</b>	
				<b>FL</b>	
				<b>85 Zip Code</b>	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>GROSFELD, SALO</b>		<b>1.2 NAME</b>		
<b>STREET ADDRESS</b>	<b>14652 BISCAYNE BLVD</b>		<b>1.3 STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	<b>N MIAMI FL</b>		<b>1.4 CITY - ST - ZIP</b>		
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>GROSFELD, JAIME</b>		<b>2.2 NAME</b>		
<b>STREET ADDRESS</b>	<b>1070 SOUTH SHORE DR.</b>		<b>2.3 STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>		<b>2.4 CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>3.2 NAME</b>		
<b>STREET ADDRESS</b>			<b>3.3 STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>3.4 CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>4.2 NAME</b>		
<b>STREET ADDRESS</b>			<b>4.3 STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>4.4 CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>5.2 NAME</b>		
<b>STREET ADDRESS</b>			<b>5.3 STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>5.4 CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>6.2 NAME</b>		
<b>STREET ADDRESS</b>			<b>6.3 STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>			<b>6.4 CITY - ST - ZIP</b>		

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **SALO GROSFELD** **3/24/97** **305 9483377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**0246440**

CR2E034 (9/96)