

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # **K52567** (0)

1. Corporation Name:
LUXURY IMPORTS OF PALM BEACH, INC.

Principal Place of Business
**2345 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409**

Mailing Address
**2345 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409-4001**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1988		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
29. Name and Address of Current Registered Agent FHS CORPORATE SERVICES INC. 11780 U.S. HIGHWAY ONE SUITE 300 NORTH PALM BEACH FL 33408				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
85. State				86. City			

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	CUILLO, ROBERT S.	1.2 NAME	
STREET ADDRESS	2301 OKEECHOBEE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	
NAME	HOTARY, MICHAEL	2.2 NAME	
STREET ADDRESS	2345 OKEECHOBEE BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	CUILLO, DORTHEA	3.2 NAME	
STREET ADDRESS	2345 OKEECHOBEE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE	VAS	4.1 TITLE	
NAME	CUILLO, ROBERT A.	4.2 NAME	
STREET ADDRESS	2345 OKEECHOBEE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE:

Michael Hotary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

Date

(561) 478-3509

Daytime Phone #

0302908

CR2E034 (9/96)