

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K52567 (0)

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



Principal Place of Business
2300 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409

Mailing Address
2300 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2300 Okeechobee Blvd.

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 2300 Okeechobee Blvd.

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/20/1988

4. FEI Number

65-0117728

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. 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

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CUILLO, ROBERT S.
STREET ADDRESS 2301 OKEECHOBEE BLVD.
CITY-ST-ZIP W. PALM BEACH FL

☐ DELETE

TITLE T
NAME HOTARY, MICHAEL
STREET ADDRESS 2345 OKEECHOBEE BLVD.
CITY-ST-ZIP W. PALM BEACH FL

☐ DELETE

TITLE V
NAME CUILLO, DORTHEA
STREET ADDRESS 2345 OKEECHOBEE BLVD
CITY-ST-ZIP W. PALM BCH FL

☐ DELETE

TITLE VAS
NAME CUILLO, ROBERT A.
STREET ADDRESS 2345 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 on an attachment with an address.

Michael Hotary

CR2E034 (10/97)