

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

DOCUMENT # M53447

(2)

1. Corporation Name

381120 CORPORATION, INC.

Principal Place of Business

1235 ST RD 7  
HOLLYWOOD FL 33024  
US

Mailing Address

C/O ATTORNEY R. ROSSI  
1700 E. LAS OLAS BLVD., PENTHOUSE III  
FT. LAUDERDALE FL 33301-2408  
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

INTERNATIONAL ESCROW AGENTS, INC.  
1700 E. LAS OLAS BLVD.  
PENTHOUSE III  
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

08/26/1996

4. FEI Number

59-2809663

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME GARFINKEL, LINDA  
STREET ADDRESS 1235 ST RD 7  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE VP  
NAME KEUTHAN, GERALD  
STREET ADDRESS 1235 STATE ROAD 7  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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.

SIGNATURE:

Linda Garfinkel President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/97

Daytime Phone #

954-472-8832

FILED

97 APR 30 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA





ACCOUNT NO. : 072100000032

REFERENCE : 348950 170487A

AUTHORIZATION :

*Patricia Pujut*

COST LIMIT : \$ 165.00

ORDER DATE : April 30, 1997

ORDER TIME : 10:25 AM

ORDER NO. : 348950-025

CUSTOMER NO: 170487A

CUSTOMER: Richard Rossi, Esq  
Rossi & Associates Attorney Pa  
Penthouse 3  
1700 E. Las Olas Blvd.  
Fort Lauderdale, FL 33301

ANNUAL REPORT FILING

NAME: 381120 CORPORATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

EXAMINER'S INITIALS:

RECEIVED  
97 APR 30 AM 11:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA