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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90049 018 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M53475

CORINTHIAN ANTIQUES, INC.

| Principal Place | e of Business | Maili | ing Address | | | | | | | | - |
|--|---|--|---|---|--|---|-------------------------------|---|--|--|-------------------------------------|
| 2741 SW 27TH | AVE | | SW 27TH AVE | | | | | | | | |
| MIAMI FL 33133 | | | MIAMI FL 33133 | | | | DO NOT WRITE IN THIS SPACE | | | | |
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| 2. Principal Pl | lace of Business | 2a. N | Mailing Address | | | | 4. FEI Numb | | | | · |
| 21 | | 26 | | | | | 59-2813 | <u> 3407 </u> | | 1 | ot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate | of Status Desired | | • | Additional |
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| City & State | 6 | | City & State | | | | 6. Election C | ampaign Financir | ıġ ┌ | | May Be |
| 23 | | 28 | | | | | Trust Fun | d Contribution | | Added | to Fees |
| Zip | Country | , Z | Zip | Col | untry | | 8. This corpo | oration owes the c | urrent year Ir | ntangible | _ |
| 24 | 25 | 29 | | 30 | | | | Property Tax. | | Yes | □No |
| | | ss of Current Registe | ered Agent | | | | 10. Name an | d Address of Ne | w Registered | l Ægent | |
| | | | | | 81 | Name | | | | | |
| CAS | TRO, ROLANDO | | | | 82 | Ctroot Addr | non (B.O. Boy N | umber is Not Acce | ntable) | | |
| | SW 27TH AVE | | | | 02 | Street Addre | ess (F.O. DOX N | illiber is Not Acce | pidolo) | | |
| | MI FL 33133 | | | | 83 | | | 10 17 119811 781 | 1 19 2 2 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 | The State of the S | 1311111111 |
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| make page name | to the provisions of Sect | | | | ĻĻ | | | his statement for t | he numose c | f changing it | s registered |
| 11. Pursuant | to the provisions of Sect egistered agent, or both, | tions 607.0502 and 607 in the State of Florida | 7.1508, Florida Statu 1. Such change was a | tes, the a authorize | d by th | named corpo ne corporatio | on's board of dire | ctors. I hereby ac | cept the appo | ointment as r | egistered |
| · · · · · · · · · · · · · · · · · · · | egistered agent, or both, | , III tile Otata oi i londa | . odo, ogo | | | | | | | | 1 |
| US ragent. I a | ım tamılıar with, and acce | ept the obligations of, a | Section 607.0505, Fk | orida Sta | tutes. | | | | | | i |
| 106 ⊬agent. I ai | | | Section 607.0505, FK | mua Sia | tutes. | | | | | | |
| ಟ್ಟ್ agent. I a SIGNATURE | Signature, typed or printed name | of registered agent and title if a | applicable. (NOTI | E: Registere | tutes. d Agent s | | d when reinstating) . | 9R() | DATÉ | ND DIDECT | |
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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 supplied that 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 of trustee empoyered to precute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or ph

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CONDINUIT GLOVE FL