

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL -7 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P26420

(0)

1. Corporation Name

GIRARD-EMILIA CUSTOM WOOD CARVERS, INC.

Principal Place of Business

**DESIGN CENTER OF THE AMERICAS
 1855 GRIFFIN ROAD, #A-262
 DANIA FL 33004**

Mailing Address

**200 LEXINGTON AVE
 NEW YORK NY 10016
 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/11/1989

3a. Date of Last Report
04/27/1994

4. FEI Number
13-3177073

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**ZACKER, BERTHA
 % GIRARD EMILIA, DCOTA
 1855 GRIFFIN ROAD, #A-262
 DANIA FL 33004**

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 two if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 WEINER, LAWRENCE
 155 E. 38TH STREET, #7K
 NEW YORK NY**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SD
 VIGNAPIANO, NICOLA
 141 KENSINGTON
 BROOKLYN NY**

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

☒ Change ☐ Addition
**LAWRENCE WEINER SOLD 100% OWNERSHIP
 INTEREST IN CORPORATION TO NICOLA
 VIGNAPIANO**

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

☒ Change ☐ Addition
**P/S/D
 VIGNAPIANO, NICOLA
 141 KENSINGTON STREET
 BROOKLYN, NEW YORK 11235**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

[Signature] **ANUMARE VIGNAPIANO**

6/21/95

(Signature and typed or printed name of signing officer or director)

(Signature) (Printed Name)

CR2E034 (3-95)