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 # P93000039538 (2) 1440 IMPORTS, INC.							
Principal Place of Business 4242 NE 2ND AVENUE MIANI FL 33137		Mailing Address P O BOX 370630 MIAMI FL 33137-0630 US					
US		05			3. Date Incorporated or Qualified 06/03/1993	3a. Date of Last Report 07/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			65-0419406	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	<u> </u>	City & State			Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	· — — — — — — — — — — — — — — — — — — —		Countr	У	1 7	poration has liability for intangible tax under s 199.032,	
24	25 Name and Address of Curren	29	30		Florida Statutes 10. Name and Address of New Re	Yes No	
· 1840	TED CORPORATE SERVICES INC		8	1 Name	10.		
801 NORTHEAST 167TH STREET			82	Street Ad	Idress (P.O. Box Number is Not Acceptal	nle)	
SUITE 300					Miless (I. O. Dox Hamber is Net Accepta-	201	
NORTH MIAMI BEACH FL 33162			8:	3			
			84	4 City		FL 85 Zip Code	
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statu	ites the abov	ve-named co	orporation submits this statement for the ration's board of directors. I hereby acce		
agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and tille if applicable (NC			quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
TITLE	P	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	VASQUEZ, AMALIA A						
STREET AODRESS	345 WESTWOOD ROAD		1.3 STRE	et address			
CITY-ST-ZIP	KEY BISCAYNE FL			-ST-ZIP		Change Addition	
TITLE	VP HERNANDEZ, ANSELMO	L VELETE	2.1 TITLE 2.2 NAME			Change CI voorton	
NAME Street Address				ET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL			-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change Addition	
NAME			3.2 NAMI				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-7IP		DELETE	3.4. CITY 4.1 TITLE			Change Addition	
TITLE		DEFECTE	4. 2 NAM				
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	51 TITLE			☐ Change ☐ Addition	
NAME	1		5.2 NAM:				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP		DELETE	5.4 CiTY 6.1 TITLE			Change Addition	
TITLE NAME		otten	6.2 NAM	i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
	· · · · · · · · · · · · · · · · · · ·				And in Cooking 440 07/93/65 Florida Ctabet	1 (

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 jegorit or supplied ental 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 ghanged, ortografic attachment with an address.

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for may ince

FILED

Feb 13 1997 8:00am

Secretary of State