

FILE NOW - FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **P 93000055140**
1. Corporation Name

IMPERIAL PRODUCTS OF MIAMI, INC.

Principal Place of Business

Mailing Address

OLD ADDRESS!

**8550 SHERMAN CIRCLE #102
MIAMI, FLORIDA 33025**

(SAME)

3. Date Incorporated or Qualified

8/5/93

3a. Date of Last Report

3/12/97

4. FEI Number

65-0201785

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

21. Principal Place of Business

2093 PALM AVENUE

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23. City & State

HALEAH FL

City & State

(SAME)

24. Zip

33010

Country

USA

Zip

(SAME)

Country

(SAME)

9. Name and Address of Current Registered Agent

**FRANCISCO CASTRO
8550 SHERMAN CIRCLE #102
MIAMI, FL 33025**

10. Name and Address of New Registered Agent

81. Name **RANDALL NORDLUND, ESQ.**
82. Street Address (P.O. Box Number is Not Acceptable)
INTERNATIONAL PLACE, SUITE 2610
83. **100 SE 2ND STREET**
84. City **MIAMI** FL 85. Zip **33131**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

FRANCISCO CASTRO

RANDALL NORDLUND

JANUARY 5, 1999

Signature of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

P/T/D

**FRANCISCO CASTRO
2093 PALM AVENUE
HALEAH, FL 33010**

V/S/D

**ADRIANO RODRIGUEZ
2093 PALM AVENUE
HALEAH, FL 33010**

300002744585-0

-01/15/93-01107-024

*******150.00 *****150.00**

300002744585-0

-01/15/99-01107-025

*******8.75 *****8.75**

1/12/99 99A02

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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: **Francisco Castro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-98

DATE

305.8821272

DAYTIME PHONE #

CR2E034 (9/96)