

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 15 AM 11:21

DOCUMENT # P94000018134 (4)

1. Corporation Name

OLYMPIA IMPORT, INC.

Principal Place of Business

Mailing Address

4617 N COOPER PL
Tampa FL 33614

1813 Audrey Dr
Clearwater FL
34619

200001515032

-06/16/95--01031--019

*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/09/1994

4. FEI Number

Applied For

59-3228633

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

2a. Mailing Address

21 4617 N. COOPER PL

26 1813 Audrey Dr

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

Tampa, FL

27 City & State

Clearwater FL

24 Zip

33614

Country

Hillsborough

29 Zip

34619

Country

Pine/145

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILANI, KAMRAN
1813 Audrey Dr
Clearwater FL 34619

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 title if applicable)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME KAMRAN MILANI
STREET ADDRESS 1813 Audrey Dr
CITY, ST, ZIP Clearwater FL 34619

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE Vice President
NAME DAVESH ROCHAN
STREET ADDRESS 2227 US 19 N APT#154D
CITY, ST, ZIP Clearwater FL 33625

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

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 119.07(3)(a), 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:

Kamran Milani

Date

Signature #

5-30-95 813-876-1358