

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033524 (7)

1. Corporation Name

STEINER GALLERIES II, INC.



Principal Place of Business

Mailing Address

9700 COLLINS AVE
BAL HARBOUR FL 33154

9700 COLLINS AVE
BAL HARBOUR FL 33154

2. Principal Place of Business

2a. Mailing Address

21 9700 COLLINS AVE

26 9700 COLLINS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 255

27 255

City & State

City & State

23 BAL HARBOUR FLA

28 BAL HARBOUR FLA

Zip

Zip

Country

Country

24 33154

25 U.S.A.

29 33154

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0504181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

BERLIT CORPORATE SERVICES INC
1428 BRICKELL AVE
SUITE 202
MIAMI FL 33131

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 with title (if applicable)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
STEINER, SAMUEL E
9700 COLLINS AVE
BAL HARBOUR FL 33154

☐ DELETE

DST
NEWBERG, DALE
9700 COLLINS AVE
BAL HARBOUR FL 33154

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

CR2E034 (12/95)