FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000062532

1. Corporation Name

ESCAL	LA ANTIQUES & GIFTS, INC) J r				:			
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]		/ 8 }} 	
1 1	lace of Business	Mailing Address				'	A immismus tem smitt annit antit unitt ball) åtili) SING TIERS EN	JR (1118 1181 1881
2395 CORAL MIAMI FL 33		2395 CORAL WAY MIAMI FL 33145				,	· .	4.4	
	•					1:	DO NOT WRITE IN THIS	SPACE	
						3.	Date Incorporated or Qualifed		
							08/19/1994		
- i` `	l Place of Business	2a. Mailing Address				4.	FEI Number	A	pplied For
21		26					65-0516554		lot Applicable
⊢ '	pt. #, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired	,	Additional
22 City 9 S	toto	27 City P. State				<u> </u>			lequired
City & S	iate	City & State				6.	Election Campaign Financing		May Be
Zip	Country	Zip	Соцп	.t.,		1	Trust Fund Contribution		to Fees
24	25		30	iu y ;		8.	This corporation owes the current year In		
24	9. Name and Address of Curre		101			10	Personal Property Tax. Name and Address of New Registered	Yes	□No
	- Hamo and Radioso of Oshi	AR I Tegrotered Agont	-	81 Nan			rame and Address of New Registered	Agent	
, S C	CHLOSBERG, DAVID I		L	1.0					
	20 CORAL WAY			82 Stre	et Addres	ss (P	O. Box Number is Not Acceptable)		
ML	AMI FL 33145		H	83				10 25 20	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			l'	03					制度的
	• •		- 7	84 City		,		85 Zip	Code
<u> </u>				!		1	FL	<u> </u>	
office of agent. I	ann iamhiar with, and accept the oblig	e of Florida. Such change was auti jations of, Section 607.0505, Florid	horized la Statut	by the co tes.	rporation	's bo	a submits this statement for the purpose of lard of directors. I hereby accept the appoi	changing its ntment as re	registered egistered
11:	Signature, typed or printed name of registered ag			gent signatu	re required w	vhen re	einstating) ; DATE		
12.		ND DIRECTORS	13.			'Α	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	Ε			the state of the s	☐ Change	☐ Addition
NAME	VIDAL, HECTOR O		1.2 NAM	Œ					
STREET ADDRES			1.3 STR	EET ADORES	38			,	
CITY-ST-ZIP	MIAMI FL 33186		_	-ST-ZIP					72
TITLE	\D	☐ DELETE	2.1 TITL	E		:		Change	☐ Addition
NAME	VIDAL, IRAELIA	•	2.2 NAM	E		1			
STREET ADDRES			2.3 STR	EET ADDRES	xs :			•	•
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY	Y-ST-ZIP				• ,	•
TITLE .		☐ DELETE	3.1 TITL	E				☐ Change	☐ Addition
NAME			3.2 NAM	E					
STREET ADDRES	SS		3.3 STRI	EET ADORES	is Į				
CIT _Y -ST-ZIP				/-ST-ZIP		!		3 1	4
TITLE		☐ DELETE	4.1 TITLE	Ε				☐ Change	Addition
NAME		ļ	4. 2 NAW	KE.					
STREET ADDRES	ss)		4.3 STRE	ET ADORES	is .				•
CMY-ST-ZIP			4.4 CITY	-ST-ZIP	-				
ΠE	1.	☐ DELETE	5.1 ȚIILE	=		1		☐ Change	Addition
NAME		!	5.2 NAMI	E				e e	

14. I 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 report of suppliemental 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 of rustee 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, a count accurate with an address, with all other like empowered.

5.3 STREET ADORESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

Change

☐ Addition

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90026 043 ***150.00