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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000063337 (7)

Country

9, Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an attachment with an address.

25

SCHWARTZ, SHUKY 10094 AGUA VISTA WAY

BOCA RATON FL 33428

S & G IMPORTS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

STREET ADDRESS

CITY-ST-ZIP

rincipal Place of Business	Mailing Address
10094 AQUA VISTA WAY BOCA RATON FL 33428	10094 AQUA VISTA WAY BOCA RATON FL 33428
	•

2a. Mailing Address

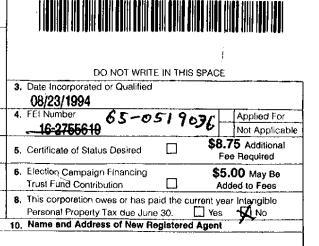
City & State

28

29

Suite, Apt. #, etc.

FILED Apr 14 1998 8:00am Secretary of State



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 reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 THILE SCHWARTZ SHUK GRIMMAN 1.2 NAME NAME 10094 AQUA VISTA WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** 1.4 CITY - ST - ZIP CITY-ST-ZIP ۷D DELETE TITLE 2.1 TITLE Schwartz Shu 10094 Aqual SCHWARTZ, GABRIEL S NUKY NAME 2.2 NAME 10094 AQUA VISTA WAY STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33428** C(TY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - Z(P ☐ Change DELETE TITLE ☐ Addition 4.1 THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition TITLE Change 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 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

Country

81 Name

82

83 84 Street Address (P.O. Box Number is Not Acceptable)

30