

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

GIACORELLI IMPORTS
20423 State Rd. #7
Suite 324
Boca Raton, FL 33498

DOCUMENT # P95000005123 (1)

1. Corporation Name

GIACORELLI IMPORTS, INC.



Principal Place of Business

Mailing Address

20905 LAQUESTA COURT
BOCA RATON FL 33428
20423 State Rd 7
Suite 324
Boca Raton, FL 33498

20905 LAQUESTA COURT
BOCA RATON FL 33428

20423 State Road 7
Suite 324
Boca Raton, FL 33498

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 20423 STATE RD #7

26 20423 STATE RD #7

4. FEI Number
65-0544672

Applied For

Not Applicable

22 Suite 324

27 Suite # 324

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33498

25 Palm Beach

29 33498

30 Palm Beach

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIRELLI, THOMAS G
20905 LAQUESTA COURT
BOCA RATON FL 33428

81 Name

SAME

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 then if applicable,

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SPIRELLI, THOMAS G
STREET ADDRESS 20905 LAQUESTA COURT
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Thomas G. Spirelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 407 451-1415

Daytime Phone: #

CR2E034 (12/95)