

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 # P95000033962 (8)

1. Corporation Name

U.S. IMPORTS, INC.



Principal Place of Business

13005 CORONADO DR
MIAMI FL 33181

Mailing Address

13005 CORONADO DR
MIAMI FL 33181

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

HAGA, CATHERINE
13005 CORONADO DR
MIAMI FL 33181

81

Name

82

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

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

4. FET Number

65-0579368

Applied For

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

10. Name and Address of New Registered Agent

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 the corporation

(If/Of Registered Agent signature required, check this box)

(Date)

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

ARTOUNIAN, ART
13005 CORONADO DR
MIAMI FL 33181

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

NAEIMOLLAH, PAUL
3000 JOAQUIN DR
BURBANK CA 91504

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. 1. TITLE

☐ Change ☐ Addition

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY-ST-ZIP

3. 1. TITLE

☐ Change ☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-ST-ZIP

4. 1. TITLE

☐ Change ☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-ST-ZIP

5. 1. TITLE

☐ Change ☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-ST-ZIP

6. 1. TITLE

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

90810021

4-2-96

305-633-2410

CR2E034 (12/95)