

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049232 (8)

1. Corporation Name
EMPIRE IMPORTS, INC.

Principal Place of Business
6941 N.W. 77TH TERRACE
MEDLEY FL 33166
US

Mailing Address
6941 N.W. 77TH TERRACE
MEDLEY FL 33166-2548
US



2. Principal Place of Business

21 7850 N.W. South River Dr.
Suite, Apt. #, etc.

22 City & State
Medley, FL

23 Zip Country
33166 USA

2a. Mailing Address

26 7850 N.W. South River Dr.
Suite, Apt. #, etc.

27 City & State
Medley, FL

28 Zip Country
33166 USA

3. Date Incorporated or Qualified
06/21/1995

3a. Date of Last Report
04/26/1996

4. FEI Number
65-0593470
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

9. Name and Address of Current Registered Agent

TORRES, HENRY
6901 N.W. 77TH TERRACE
MIAMI FL 33166

10. Name and Address of New Registered Agent

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TORRES, HENRY
STREET ADDRESS 6941 N.W. 77TH TERRACE
CITY-ST-ZIP MEDLEY FL

TITLE VD
NAME TORRES, PETER
STREET ADDRESS 6941 N.W. 77TH TERRACE
CITY-ST-ZIP MEDLEY FL

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 PD
1.2 NAME TORRES, HENRY
1.3 STREET ADDRESS 7850 N.W. South River Drive
1.4 CITY-ST-ZIP MEDLEY, FL 33166

2.1 TITLE VD
2.2 NAME TORRES, PETER
2.3 STREET ADDRESS 7850 N.W. South River Drive
2.4 CITY-ST-ZIP MEDLEY, FL 33166

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 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 Block 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-887-1535

Daytime Phone #

022800

CR2E034 (9/96)