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Jan 28 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 # P95000059086 (5)

1. Corporation Name

AMERICAN BOX CORPORATION

Principal Place of Business

3989 PEMBROKE ROAD  
HOLLYWOOD FL 33021  
US

Mailing Address

~~O/O HUGHES-SILVERS & GLASSMAN~~  
1140 KANE CONCOURSE FIFTH FLOOR  
BAY HARBOR ISLANDS FL

Delete this Line



3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0601376

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

10. Name and Address of New Registered Agent

SILVERS, ROBERT HENRY

~~O/O HUGHES-SILVERS & GLASSMAN~~  
1140 KANE CONCOURSE FIFTH FLOOR  
BAY HARBOR ISLANDS FL

Delete this Line

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D BARON, PETER  
STREET ADDRESS  
1140 KANE CONCOURSE FIFTH FLOOR  
CITY-ST-ZIP  
BAY HARBOR ISLANDS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D BARON, JAMES  
STREET ADDRESS  
1140 KANE CONCOURSE FIFTH FLOOR  
CITY-ST-ZIP  
BAY HARBOR ISLANDS FL 33154

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D PEMPEK, WILLIAM J  
STREET ADDRESS  
1140 KANE CONCOURSE FIFTH FLOOR  
CITY-ST-ZIP  
BAY HARBOR ISLANDS FL 33154

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0526485

CR2E034 (9/96)