

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # P95000085861 (9)

1. Corporation Name
MSB IMPORTS, INC.



Principal Place of Business
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139-2491

3. Date Incorporated or Qualified 11/08/1995
3a. Date of Last Report 04/03/1996

2. Principal Place of Business

21 1576 Ives Dairy Rd.

Suite, Apt. #, etc.

22 City & State

23 No. Miami Bch, FL

Zip

24 33179

Country

25 USA

2a. Mailing Address

26 1800 N.E. 114th St.

Suite, Apt. #, etc.

27 #1005

City & State

28 No. Miami FL

Zip

29 33181

Country

30 USA

4. FEI Number

65-0627018

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

ROSE, ELLEN ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name MARILYN BLACK

82 Street Address (P.O. Box Number is Not Acceptable)
1800 N.E. 114th Street,

83 Apt. 1005

84 City North Miami

FL

85 Zip Code 33181

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 *Marilyn Black* - MARILYN BLACK JAN. 18, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BLACK, MARILYN
STREET ADDRESS 1800 NE 114 ST, APT 1005
CITY - ST - ZIP N MAIMI FL

TITLE DP ☐ DELETE

NAME BLACK, MICHAEL S.
STREET ADDRESS 787 NE 82ND TERR
CITY - ST - ZIP MIAMI FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 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 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:

Marilyn Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 1997 (305) 895-1277
Date Daytime Phone #

0190770

CR2E034 (9/96)