

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000085861**

1. Corporation Name  
**MSB IMPORTS, INC.**

Principal Place of Business

1576 IVES DAIRY RD.  
SUITE 500  
NO. MIAMI BCH FL 33179  
US

Mailing Address

787 NE 82ND TERRACE  
MIAMI FL 33138  
US

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

02-08-1999 90058 040 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1995

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MARILYN BLACK  
1800 N.E. 114TH ST.  
APT. 1005  
NO. MIAMI FL 33181

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D BLACK, MARILYN**  
STREET ADDRESS **1800 NE 114 ST, APT 1005**  
CITY-ST-ZIP **N MAIMI FL**

TITLE ☐ DELETE  
NAME **DP BLACK, MICHAEL S.**  
STREET ADDRESS **787 NE 82ND TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **NE 114TH ST**  
STREET ADDRESS **APT 1005**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **MIAMI FL**  
STREET ADDRESS **APT 1005**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **MIAMI FL**  
STREET ADDRESS **APT 1005**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME **MIAMI FL**  
STREET ADDRESS **APT 1005**  
CITY-ST-ZIP **MIAMI FL**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

305-757-3177

Daytime Phone #

CR2E034 (1/98)