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

DOCUMENT # P95000086090 (4)

MISS POLONIA USA, INC.

Principal Place of Business

Mailing Address

8811 WEST COMMERCIAL BLVD. TAMARAC FL 33310 6811 WEST COMMERCIAL BLVD. TAMARAC FL 33319-2116 APPROVED AND FILED

1997 JUL -3 PM 12: 53

SECRETARY OF STATE TALLAHASSEE. FLORIDA



					1	
					3. Date incorporated or Qualified 11/08/1995	3a. Date of Last Report 08/14/1996
2. Principal P	lace of Business	2a. Mailing Address	65 076	390Y	4. FEI Number 65 07	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		·	AFFLIED FOR	\$8.75 Additional
22	-, -,-	27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State	-		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes 🔲 No
	9. Name and Address of Curren	nt Registered Agent	81	A1	10. Name and Address of New A	gistered Agent
	ADOWSKI, BARBARA		**	Name		
	1 WEST COMMERCIAL BLVD.		82 Street Addres		ss (P.O. Box Number is Not Acceptat	ole)
' TAN	IARAC FL 33319		83			
• *			63			
* 5			84	City		FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida State of Florida. Such change was stopped for Section 607.0505	tutes, the above- is authorized by t	named corpo he corporatio	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
SIGNATURE	in idinilia. With, and accept the contr	Moris of Section 607,0303,	FIORICIA SIAIUIES.			18-97
	Signature, typed or printed name a legistered age		IOTE Registered Agent	signature required	d when reinstating)	DATE.
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
ŦITLE	VT	☐ DELETE	1.1 THTLE			☐ Change ☐ Addition
NAME	PARADOWSKI, BARBARA		1.2 NAME			
STREET ADDRESS	6811 WEST COMMERCIAL BLY	YU.	1.3 STREET A	DDRESS		
CITY-ST-ZIP	TAMARAC FL 33319 PS	britze	1,4 CITY-ST-	ZIP		
TITLE	P ar adowski, Chester	☐ DELETE	2.1 TITLE		ال المعلقي الم	☐ Change ☐ Addition
NAME	6811 WEST COMMERCIAL BLY	in.	2.2 NAME		១០០០បុប្ផុន្ន	2341957 9701104008
STREET ADDRESS	TÂMARAC FL 33319	VD.	2.3 STREET A			55.00 ****165.00
CITY-ST-ZIP TITLE	INMINIO I E SSS 18	DELETE	2.4 CITY-ST	· ZIP	चनका १६	Change Addition
NAME	••	Steele	3.2 NAME			Containing Containing
STREET ADDRESS			3.3 STREET A	nnpece		
CITY-ST-ZIP			3.4. CITY - ST			
TITLE		DELETE	4.1 TITLE	- CII		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET AL	DDRESS		
CITY-ST-ZIP			4.4 CITY-ST-			
TITLE		DELETE	5.1 TITLE	-		☐ Change ☐ Addition
NAME	-		5.2 NAME			-
STREET ADDRESS			5.3 STREET AL	DDRESS		
CITY-ST-ZIP			5.4 CHTY-ST-	ZIP		
TITLE		☐ OELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			(APV 1.00)
STREET ADDRESS			6.3 STREET AL	DORESS		" LYAK !
CITY OF THE			0.40(\$11.07	700		11V'

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.