

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

FILED

Apr 30 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 # P95000090581 (6)

1. Corporation Name
C & S BUSINESS CORPORATION

Principal Place of Business

910 BAY DRIVE #17
SUITE 206
MIAMI BEACH FL 33141
US

Mailing Address

141 NORTH EAST 3RD AVENUE
SUITE 206
MIAMI FL 33132-2221



3. Date Incorporated or Qualified
11/29/1995

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 7601 E TREASURE DR

Suite, Apt. #, etc.

22 03

City & State

23 NORTH BAY VILLAGE, FL

Zip

24 33141

Country

25 U.S.A.

2a. Mailing Address

26 SAME.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0622980

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

MILCZEWSKI, CLAUDIO M
910 BAY DRIVE
APT 17
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

MILCZEWSKI, CLAUDIO M

82 Street Address (P.O. Box Number is Not Acceptable)

7601 E TREASURE DR

83

STORE #3

84 City

NORTH BAY VILLAGE, FL

85 Zip Code

33141

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 printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILCZEWSKI, CLAUDIO M
STREET ADDRESS % 141 N.E. 3RD AVENUE SUITE 206
CITY- ST- ZIP MIAMI FL 33132

☐ DELETE

TITLE VD
NAME MILCZEWSKI, EURIDICE A
STREET ADDRESS 910 BAY DRIVE #17
CITY- ST- ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
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CITY- ST- ZIP

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CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MILCZEWSKI, CLAUDIO M
1.3 STREET ADDRESS 7601 E TREASURE DR APT 1814
1.4 CITY- ST- ZIP NORTH BAY VILLAGE, FL

☒ Change

☐ Addition

2.1 TITLE VD
2.2 NAME MILCZEWSKI, EURIDICE A
2.3 STREET ADDRESS 7601 E TREASURE DR APT 1814
2.4 CITY- ST- ZIP NORTH BAY VILLAGE, FL

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0175796

CR2E034 (9/96)