FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90054 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCÜMENT # **P97000073270**1. Corporation Name

FIRST CLASS IMPORTS, INC.

Principal Place	e of Business	Mailing Address		T ((
12535 SW 130T MIAMI FL 33186 US		P. O. BOX 832933 Miami Fl. 33283-2933 US		DO NOT WRITE IN THIS SPA	CE .
2 Principal P	lace of Business	2a. Mailing Address		08/22/1997 4. FEI Number	Applied For
21		— -	30th St.	65-0780408	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			3.75 Additional
22		27	- 117-		Fee Required
City & State	e ,	City & State		1 37 = 11 7	5.00 May Be
23 Zin	Country	28 <u>Miami</u> Fl	Country		Added to Fees
Zip 24	25	_ 	30 USA	8. This corporation owes the current year Intangib Personal Property Tax.	
24]	9. Name and Address of Curr	<u> </u>	30 OSA	10. Name and Address of New Registered Agen	t
		· · · · · · · · · · · · · · · · · · ·	81 Name		•
CARLO, LILLIAN C.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
6341 SW 112 PL MIAMI FL 33173					
IVIIAIN	MI FL 33173		83		
			84 City	FL 85	Zip Code
44 Dumuent	to the provisions of Sections 607 0	502 and 607 1508 Florida Statute	s the above-named come	oration submits this statement for the purpose of chan	ing its registered
office or re	egistered agent, or both, in the Stat	te of Florida. Such change was at	athorized by the corporation	on's board of directors. I hereby accept the appointmen	t as registered
•	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICERS /	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	
TITLE	S	☐ DELETE	1.1 TITLE		hange
NAME	CARLO, CARLOS A.		1.2 NAME		
STREET ADDRESS	6341 SW 112 PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP		hange Addition
TITLE		. DELETE	2.1 TITLE	L)	change
NAME			2.2 NAME		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		hange Addition
TITLE		□ nerese	3.1 TITLE	ь.	indings
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	П	Change
NAME I			4. 2 NAME	. —	
STREET ADDRESS					
CITY-ST-ZIP			4.3 STREET ADDRESS		j
TITLE		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.3 STREET ADDRESS		Change
NAME		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME STREET ADORESS	·	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change
NAME		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP