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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081491 (7)

PREMIER IMPORTS. INC.

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1127 N ORLANDO AVE 1127 N ORLANDO AVE WINTER PARK FL 32788 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1997 2. Principal Place of Business Applied For 2a. Mailing Address Same as obove obove 21 26 Same Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zφ Country 8. This corporation owes or has paid the current year Intangible Orange olange 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RIFAI. NOUHA 1127 N ORLANDO AVE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 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 Horida Such of lange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 13. Rifai DELFTE TITLE 1.1 TITLE NAME 1.2 NAME 32789 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-NP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby 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 logal 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.

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1/Alle

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