**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000084177

PALMIERI FINE IMPORTERS, INC.

| Principal Place of Business                | Mailing Address                            |  |  |  |
|--|--|--|--|--|
| 1842 W. 45TH ST.<br>V. PALM BEACH FL 33407 | 4842 W. 45TH ST.<br>W. PALM BEACH FL 33407 |  |  |  |
|  |  |  |  |  |

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90019 030 \*\*\*150.00



|   | •  |   |                          |                      |  |                       |   |                        |
|---|--|---|--------------------------|----------------------|--|-----------------------|---|------------------------|
| Principal Place   | e of Business                                    | Mailing Address   | 10.00                    |                      | . ( ) A B ( ) A B ( ) A ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | <b>-5117 EBIS</b>   1 | *************************************** | . 1891) 1881 1881      |
| 4842 W. 45TH ST. 4842 W. 45TH ST. W. PALM BEACH FL 33407 W. PALM BEACH FL 33407 |  |   |                          | DO NOT WRITE         | E IN THIS  | SPACE                 |   |                        |
|   |  | •   |                          |                      | <ol> <li>Date Incorporated or Qualifed 09/29/1997</li> </ol>   |                       |   |                        |
| 2. Principal P  | lace of Business                                 | 2a. Mailing Address   |                          | <del></del>          | 4. FEI Number  |                       | A                                       | pplied For             |
| 21  |  | 26  |                          |                      | 65-0784195   |                       |   | ot Applicable          |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |                          |                      | 5. Certifcate of Status Desired  |                       | Fee R                                   | Additional<br>lequired |
| City & Stat   | e .  | City & State  |                          |                      | 6. Election Campaign Financing<br>Trust Fund Contribution  |                       | Added                                   | May Be<br>to Fees      |
| Zip   | Country  | Zip   | Country                  | 7                    | 8. This corporation owes the curre   | nt year Inta          | angible<br>☐ Yes                        | No                     |
| 24  | 25   | 29 30   | <u> </u>                 |                      | Personal Property Tax.  10. Name and Address of New Re   | enistered             |   | 2110                   |
|   | 9. Name and Address of Curre                     | ent vedizteten Ağent  | 81                       | Name                 | TO, Manie and Address of New Ac  | -91010104             | -3                                      |                        |
| COR   | PORATION SERVICE COMPAN                          | IY .  |                          | l                    | (DO D. M   | -1->                  |   |                        |
| 1201 HAYS STREET  |  |   | 82                       | Street Add           | ress (P.O. Box Number is Not Acceptable)   |                       |   |                        |
| TALL  | LAHASSEE FL 32301-2525                           |   | 83                       |                      |  |                       |   |                        |
|   |  |   | 84                       | City                 |  |                       | 85 Zip                                  | Code                   |
|   |  |   |                          | ' '                  |  | <u> </u>              | .                                       |                        |
| office or r   | caletered agent or both in the Stat              | 502 and 607.1508, Florida Statutes,<br>te of Florida. Such change was auth<br>gations of, Section 607.0505, Florida | norized by               | tne corporati        | poration submits this statement for the pon's board of directors. I hereby accept  | the appoi             | ntrnent as n                            | egistered —            |
| SIGNATURE   |  |   |                          |                      |  |                       |   |                        |
|   | Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: Re   | 13.                      | nt signature require | ADDITIONS/CHANGES TO OFF   | DATE<br>ICERS AN      | D DIRECT                                | ORS IN 12              |
| 12.   | D  | DELETE  | 1.1 TITLE                |                      | Noon to to the state of the sta |                       | Change                                  |                        |
| NAME  | PALMIERI, MAURO                                  |   | 1.2 NAME                 | }                    |  |                       |   |                        |
| STREET ADDRESS  | ARABINI APPLI OT                                 |   | 1.3 STREE                | T ADDRESS            | •  |                       |   |                        |
| CITY-ST-ZIP   | W. PALM BEACH FL 33407                           |   | 1.4 CITY-S               | T-ZIP                |  |                       |   |                        |
| TITLE   | D  | ☐ DELETE  | 2.1 TITLE                |                      | <del></del>  |                       | Change                                  | ☐ Addition             |
| NAME  | KERWIN, JAMES                                    |   | 2.2 NAME                 |                      |  |                       |   |                        |
| STREET ADDRESS  |  |   | 1                        | TADDRESS             |  |                       |   |                        |
| CITY-ST-ZIP   | ESSEX FALLS NJ 07021                             | C) severe   | 2.4 CITY-5               | ST-ZIP               | <u></u>  |                       | Change                                  | Addition               |
| TITLE   |  | ☐ DELETE  | 3.1 TITLE                | }                    |  |                       |   |                        |
| NAME -  |  |   | 3.2 NAME                 | TADDOECC             |  |                       |   |                        |
| STREET ADDRESS  |  |   |                          | T ADDRESS            |  |                       |   |                        |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE  | 3.4. CITY-5<br>4.1 TITLE | 31-ZIP               |  |                       | ☐ Change                                | Addition               |
| NAME  |  |   | 4. 2 NAME                |                      |  |                       | -                                       |                        |
| STREET ADDRESS  |  | •   | i .                      | T ADDRESS            |  |                       |   |                        |
| CITY-ST-ZIP   |  |   | 4.4 CITY-S               |                      |  |                       |   |                        |
| TITLE   | ng report at                                     | DELETE  | 5.1 TITLE                |                      |  |                       | Change                                  | Addition               |
| NAME  | , '  |   | 5.2 NAME                 | ľ                    |  |                       |   |                        |
| STREET ADDRESS  |  |   | 5.3 STREE                | TADDRESS             |  |                       |   |                        |
| CITY-ST-ZIP   |  |   | 5.4 CITY-S               |                      |  |                       |   |                        |
| TITLE   |  | ☐ DELETE  | 6.1 TITLE                |                      |  |                       | Change                                  | Addition               |
| NAME  |  |   | 6.2 NAME                 | f                    |  |                       |   |                        |
|   | J  |   | 63 STREE                 | T ADDRESS I          |  |                       |   |                        |

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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

561-683 9001