

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90017 031 ***150.00

DOCUMENT # P99000097323

1. Entity Name
MULTICOSAS IMPORT CORPORATION



Principal Place of Business
**5750 COLLINS AVE
15H
MIAMI BEACH, FL 33140**

Mailing Address
**5750 COLLINS AVE
15H
MIAMI BEACH, FL 33140**

54069520



08192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINELLI, JORGE
5750 COLLINS AVE.
15H.
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIRAUD, JESUS E
STREET ADDRESS	5750 COLLINS AVENUE #8H
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VP
NAME	MARTINELLI, ALEJANDRA E
STREET ADDRESS	5750 COLLINS AVENUE #8H
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	MARTINELLI, BLANCAV
STREET ADDRESS	5750 COLLINS AVE. 15H
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	D
NAME	MARTINELLI, JORGE
STREET ADDRESS	5750 COLLINS AVE 15H
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DIRECTOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.19.04