

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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V70712**

(7)

1. Corporation Name

MURANO GLASS IMPORTS, INC.

APPROVED
AND
FILED

1997 APR 30 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1301 W COPANS RD
STE D6
POMPANO BCH FL 33064
US**

Mailing Address

**1301 W COPANS RD
STE D6
POMPANO BCH FL 33064-2228
US**

3. Date Incorporated or Qualified

10/13/1992

3a. Date of Last Report

03/21/1996

2. Principal Place of Business

21 1301 W. COPANS RD.

Suite, Apt. #, etc.

22 #F-10

City & State

23 POMPANO BEACH, FL

Zip

24 33064

Country

25 BROWARD

2a. Mailing Address

26 1301 W. COPANS RD.

Suite, Apt. #, etc.

27 F-10

City & State

28 POMPANO BEACH, FL

Zip

29 33064

Country

30 BROWARD

4. FEI Number

65-0364949

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fees 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

**SANNASARDO, ANTHONY
3270 NW 86TH AVE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

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

750 N. OCEAN BLVD., #1910

83

84 City

POMPANO BEACH

FL

85 Zip Code

33062

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANNASARDO, ANTHONY	
STREET ADDRESS	3270 NW 86 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANNASARDO, ANNA	
STREET ADDRESS	3270 NW 86 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	750 N. OCEAN BLVD. #1910
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	750 N. OCEAN BLVD., #1910
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100002160011--8
3.4 CITY-ST-ZIP	-04/30/97--01030--013
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****165.00 ****165.00
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Ann B. Sannasardo* DIR.

4-22-97

954-972-2992

CR2E034 (9/96)