

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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # 513166

(9)

1. Corporation Name

SARA INTERNATIONAL, INC.

Principal Place of Business

13290 NW 45TH AVE
OPA LOCKA FL 33064

Mailing Address

13290 NW 45TH AVE
OPA LOCKA FL 33064-4308



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

STRIAR, MICHAEL P
4601 SHERIDAN STREET
N MIAMI BEACH, FL
HOLLYWOOD 33021

3. Date Incorporated or Qualified

08/17/1976

3a. Date of Last Report

02/06/1996

4. FEI Number

59-1686738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

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 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

Rita Wohlsman

(Note: Registered Agent signature required when reinstating)

DATE

3/13/97

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KARRON, RICHARD	
STREET ADDRESS	9655 E BAY HARBOR DR	
CITY-STATE	BAY HARBOR ISLANDS FL	
TITLE	SD	☐ DELETE
NAME	WOHLMAN, RITA	
STREET ADDRESS	20191 E COUNTRY CLUB DR	
CITY-STATE	N MIAMI BCH FL	
TITLE	VPD	☐ DELETE
NAME	RAFAEL VILLEGAS	
STREET ADDRESS	13290 NW 45 AVE	
CITY-STATE	OPALOCKA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE	

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 included 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 or changed, or on an attachment with an address.

SIGNATURE:

Rita Wohlsman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97
DATE

Daytime Phone #

CR2E034 (9/96)