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FILED
Jan 17 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **G87762** (2)

1. Corporation Name
SARON ENTERPRISES, INC.



Principal Place of Business: **9875 BIRD ROAD MIAMI FL 33165**
Mailing Address: **9875 BIRD ROAD MIAMI FL 33165-3977**

3. Date Incorporated or Qualified: **01/17/1984**
3a. Date of Last Report: **01/24/1996**
4. FEI Number: **59-2361049**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

9. Name and Address of Current Registered Agent
**MARQUEZ, JOSE M.
700 NW LE JEUNE RD STE 400
MIAMI FL 33126**

10. Name and Address of New Registered Agent
81. Name: **JOSE M. MARQUEZ**
82. Street Address (P.O. Box Number is Not Acceptable): **782 NW LeJeune Road Suite 548**
83. City: **Miami**
84. State: **FL**
85. Zip Code: **33126**

11. Pursuant to the provisions of Sections 607.01(2) 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: *Jose M. Marquez* **Jose M. Marquez** 1/09/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERRAN, MANUEL A.	
STREET ADDRESS	8460 S.W. 5TH STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GUERRA, ARMANDO J.	
STREET ADDRESS	0450 SW 48TH STREET	
CITY- ST- ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HERRAN, JOSE ANTONIO	
STREET ADDRESS	8455 GRAND CANAL DR.	
CITY- ST- ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	URALDE, ALDO	
STREET ADDRESS	1310 SW 99TH AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROMELIO, VALDES	
STREET ADDRESS	9755 SW 62 ST	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Guerra Armand J
23 STREET ADDRESS	9475 Joue Neis Road
24 CITY- ST- ZIP	Coral Gables FL 33156
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 a 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: *Daniel R. Valdes* **Daniel R. Valdes-Secretary** (305) 221-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)