

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:36

DOCUMENT # P15455 (9)

1. Corporation Name
SARGRANT CORPORATION

Principal Place of Business Mailing Address
1313 DOLLEY MADISON BOULEVARD SUITE 403 MCLEAN VA 22101
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/03/1987 3a. Date of Last Report 03/14/1994
4. FEI Number 59-0299422 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIGHT, NEAL W., JR.
ALLEY, MAASS, RODGERS, LINDSAY & CHAUNCEY
321 ROYAL POINCIANA PLA., S.
PALM BEACH FL 33480

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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

25. Print or typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARAN, ROMAN	1.2 NAME	
STREET ADDRESS	1313 DOLLEY MADISON BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, MARIA ELISA	2.2 NAME	
STREET ADDRESS	1313 DOLLEY MADISON BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAMENDIA, RAQUEL	3.2 NAME	
STREET ADDRESS	1313 DOLLEY MADISON BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA	3.4 CITY - ST - ZIP	
TITLE	VTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNICERO, JORGE	4.2 NAME	
STREET ADDRESS	1313 DOLLEY MADISON BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MCLEAN VA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of Block 13, 14, 21, 22, or 23 on an attachment with an address.

SIGNATURE:

Raquel Aramendia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raquel Aramendia

2/15/95

703 556 4412

DATE (Typed Name)