

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P15455 (9)**

1. Corporation Name:  
**SARGRANT CORPORATION**



Principal Place of Business	Mailing Address
1313 DOLLEY MADISON BOULEVARD SUITE 403 MCLEAN VA 22101	1313 DOLLEY MADISON BOULEVARD SUITE 403 MCLEAN VA 22101

3. Date Incorporated or Qualified <b>08/03/1987</b>	3a. Date of Last Report <b>02/21/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suits, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

4. FEI Number <b>59-0299422</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81. Name	FL	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84. City		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SARAN, ROMAN</b>
STREET ADDRESS	<b>1313 DOLLEY MADISON BLVD</b>
CITY-ST-ZIP	<b>MCLEAN VA</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>GRANT, MARIA ELISA</b>
STREET ADDRESS	<b>1313 DOLLEY MADISON BLVD</b>
CITY-ST-ZIP	<b>MCLEAN VA</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>ARAMENDIA, RAQUEL</b>
STREET ADDRESS	<b>1313 DOLLEY MADISON BLVD</b>
CITY-ST-ZIP	<b>MCLEAN VA</b>
TITLE	VTD <input type="checkbox"/> DELETE
NAME	<b>CARNICERO, JORGE</b>
STREET ADDRESS	<b>1313 DOLLEY MADISON BLVD</b>
CITY-ST-ZIP	<b>MCLEAN VA</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: **1/17/96** DAY/TIME PHONE #: **708 556 4412**

CR2E034 (12/95)