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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P94000075201 (1)

1. Corporation Name
SAND LAKE PRODUCTS, INC.

Principal Office of Business: 2195 S.W. 19 TERRACE MIAMI FL 33145
Mailing Address: 2195 S.W. 19 TERRACE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Description of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 3026 N.W. 72 Ave		26. 3026 N.W. 72 Ave.		10/10/1994	
22. State of Inc.		27. State of Inc.		4. FEI Number	4a. Attached For
23. Miami, FL		28. Miami, FL		65-0525221	Not Applicable
24. 331 22		29. 331 22		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. The corporation has liability for uncollectible tax debts (S. 179(b))	
				Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SANCHEZ, JUAN A
3191 CORAL WAY SUITE 800
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81. Name: Sanchez, Juan A.
82. Street Address (City, State, Zip, or Post Office Box Number if Not Applicable): 10691 N. Kendall Dr., Suite 310
83. City: Miami FL 85. Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0802 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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0805, Florida Statutes.

SIGNATURE: **Juan A. Sanchez** April 7, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS, IN:	
12.1. TITLE: President	12.2. NAME: Honor Rodrigues da Silva	13.1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3. STREET ADDRESS: R. Barao do Triunfo, 1756	12.4. CITY, STATE, ZIP: Campo Belo, Sao Paulo, Brazil	13.2. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5. TITLE: Vice-President	12.6. NAME: Claudia M. Rivieri	13.3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7. STREET ADDRESS: R. Barao do Triunfo, 1756	12.8. CITY, STATE, ZIP: Campo Belo, Sao Paulo, Brazil	13.4. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9. TITLE: Treasurer & secretary	12.10. NAME: Mario Kohn	13.5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11. STREET ADDRESS: Rua do Angulo, 412, Apt. 82	12.12. CITY, STATE, ZIP: Morumbi, Sao Paulo, Brazil	13.6. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13. TITLE:	12.14. NAME:	13.7. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15. STREET ADDRESS:	12.16. CITY, STATE, ZIP:	13.8. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17. TITLE:	12.18. NAME:	13.9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19. STREET ADDRESS:	12.20. CITY, STATE, ZIP:	13.10. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21. TITLE:	12.22. NAME:	13.11. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23. STREET ADDRESS:	12.24. CITY, STATE, ZIP:	13.12. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25. TITLE:	12.26. NAME:	13.13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27. STREET ADDRESS:	12.28. CITY, STATE, ZIP:	13.14. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29. TITLE:	12.30. NAME:	13.15. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.31. STREET ADDRESS:	12.32. CITY, STATE, ZIP:	13.16. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. The undersigned, who has examined the foregoing report, hereby certifies that the information is true and correct and that the undersigned is a duly qualified officer or director of the corporation and that the undersigned is a resident of the State of Florida and that the undersigned is a resident of the State of Florida and that the undersigned is a resident of the State of Florida.

SIGNATURE: **Honor Rodrigues da Silva** January 25, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR