

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S97900**

(2)

1. Corporation Name
SANDRA & FAMILY, INC.



Principal Place of Business

Mailing Address

4250 N.W. 72ND AVENUE
MIAMI FL 33166

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MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 County

28 Zip

30 County

9. Name and Address of Current Registered Agent

SANGIACOMO, DANIEL
4250 N.W. 72ND AVENUE
MIAMI FL 33166

3. Date Incorporated or Qualified
12/02/1991

3a. Date of Last Report
03/24/1995

4. FEI Number
65-0300401

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 607.0602 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 consent the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DELETED
NAME **PD SANGIACOMO, DANIEL**
STREET ADDRESS **4250 N.W. 72ND AVENUE**
CITY-STATE-ZIP **MIAMI FL 33166**

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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP Change Addition

21 NAME

22 STREET ADDRESS

23 CITY-STATE-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP Change Addition

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP Change Addition

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is true and correct for the corporation. I further certify for the corporation that the information is true and correct for the corporation. I further certify that I am an officer or director of the corporation or a registered or authorized agent 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, on an attachment with this report.

SIGNATURE: *X Daniel Sangiacomo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/95

CR2E034 (12/95)