FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V44197

(4)

SANDER REAL ESTATE INVESTMENT, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
5225 COLLINS	S AVE	200 S BISCAYNE	200 S BISCAYNE BLVD.					
SUITE 1606 Miami Beach Fl. 33140		SUITE 4815				DO NOT WRITE IN THIS SPACE		
		MIAMI FL 33131						
		US				3. Date Incorporated or Qualified		İ
		1 - 14-17 Add-				06/17/1992	- 	
	ace of Business	2a. Mailing Addre	├ 			4. FEI Number	-	Applied For
21		26				65-0343106		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27						Required
City & State	9	City & State	<u>}-¬</u> ′			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes or has paid the o		
24	25	29	30	, ·		Personal Property Tax due June 30.		∐ No
	9. Name and Address of Curr	rent Hegistered Agent		81 N		10. Name and Address of New Registere	a Agent	
	L U\$S OLIA, PIERO			81 14	ame			
200 S. BISCAYNE BLVD. STE 4815				82 Street Address (P.O. Box Number is Not Acceptable)				
SU	TE 4815							
MIA	MI FL 33131			83				i
				84 C	ity		85 Zip	Code
					,	F		
11, Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florid	a Statutes, the a	bove-na	med corpor	ration submits this statement for the purpose	of changing	its registered
office or re	e gistere d agent, or both, in the Sta m fam iliar with, and accept the ob	ate of Florida. Such chang Iraalions of Section 607.0	ge was authorize 0505. Florida Sta	ea by the itutes.	e corporation	n's board of d irectors. I hereby accept the a	ppointment as	s registered
		g						
SIGNATURE	Signature, typed or printed name of registered	agent and title diapplicable.	(NO1E: Registera	ed Agent sig	gnature required	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPTS	☐ DE	LETE 1.17	ITLE			Change	Addition
NAME	IN NOCENZI, GIANLUCA		1.2 N	IAME				
STREET ADDRESS	5225 COLLINS AVE, #1606	}	1.3 9	TREET ADD	RESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 0	OTY-ST-ZIJ	Р			
TITLE	-A6 -	DE	LĒĪĒ 2.1 T	ITLE			Change	Addition
NAME	BOLOGNA, STEFANIA		2.2 N	AME				1
STREET ADDRESS	200 S BISCAYNE BLVD, #	1815 -	2.3 \$	TREET ADD	RESS			İ
CITY-ST-ZIP	MIAMI FL		2.4	C(1 Y - S1 - Z)	IP			l
TITLE		☐ DE	LETE 3.1 T	ITLE			☐ Change	☐ Addition
NAME			3.2 N	IAME				ł
STREET ADDRESS			3.3 \$	TREET ADD	RESS]
CITY-ST-ZIP				CITY-ST-ZI				i
TITLE		☐ DE					Change	Addition
NAME			4.21	NAME				1
STREET ADDRESS			435	TREE1 ADD	RESS			1
CITY-ST-ZIP				HTY-ST-ZII				1
TITLE		DE					Change	☐ Addition
NAME				IAME			• • •	
STREET ADDRESS				TREET ADD	RESS			ŀ
				STY-ST-ZII				ĺ
CITY-ST-ZIP TITLE		☐ DE			'		Change	☐ Addition
!		ے ا	3	IAME			vvyv	
NAME ATOME ADDRESS					arce			l
STREET ADDRESS				TREET ADD				
CITY-ST-ZIP			6.4 0	CITY-ST-20	P			

14. I 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 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 altertimental with an address.