

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90110 033 \*\*\*150.00

DOCUMENT # V22511

1. Corporation Name

SANTO ENTERPRISES, INC.

Principal Place of Business

2851 N.E. 46TH STREET  
LIGHTHOUSE POINT FL 33064

Mailing Address

1152 S.W. 20TH STREET  
BOCA RATON FL 33486  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1992

4. FEI Number

65-0405585

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 756 CAMINO LAKES CIRCLE

Suite, Apt. #, etc.

23 BOCA RATON FL

24 33486 25 USA

2a. Mailing Address

26 756 CAMINO LAKES CIRCLE

Suite, Apt. #, etc.

28 BOCA RATON FL

29 33486 30 USA

9. Name and Address of Current Registered Agent

CHILDS, SUSAN  
1152 S.W. 20TH STREET  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name SUSAN CHILDS  
82 Street Address (P.O. Box Number is Not Acceptable)  
756 CAMINO LAKES CIRCLE  
83 BOCA RATON  
84 City FL 85 Zip Code 33486

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 *Susan Childs*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME LA BARBARA, NICHOLAS  
STREET ADDRESS 540 JEFFERSON DRIVE APT. 110  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST  
1.2 NAME NICHOLAS LABARISKA  
1.3 STREET ADDRESS 540 VIA GENOVA DR.  
1.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 561-394-8772  
Date Daytime Phone #

CR2E034 (11/98)