FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3-15-95 B-2155-C

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 184890 (2)

1. Corporation Name
SAROLAS INC

Principal Place of Business
1955 SW 50 AVE.
FT LAUDERDALE FL 33317

Mailing Address
1955 SW 50 AVE.
FT LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1955
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-6077290 — [ ] 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

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country
2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent
SCHWAB, MICHAEL H
1955 SW 50 AVE.
FORT LAUDERDALE FL 33317

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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ISIDOR, MICHAEL
STREET ADDRESS	3400 S.OCEAN BLVD.,#3F
CITY ST ZIP	PALM BEACH FL
TITLE	~~V~~
NAME	~~MISHOE, GARY L (ASST)~~
STREET ADDRESS	~~12751 SW 47TH ST RD~~
CITY ST ZIP	~~OCALA FL~~
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

RESIGNED

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)(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.

SIGNATURE: Michael H. Schwab MICHAEL H. SCHWAB 03-9-95 (305) 583-4223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0220768 CP