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

PROFIT CORPORATION ANNUAL REPORT

1997

SANFOS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 296020

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FILED Mar 03 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address 2380 SW 27TH TERRACE 2390 SW 27TH TERRACE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312-4547								
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1996			
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number 59-1103472) 	pplied For ot Applicable
Suite Apt.	#, etc.		pt. #, etc.			5. Certificate of Status Desired	7	Additional equired
City & State	e	City & S	itale			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Z ₍ p)	Country 25	Zip 29	Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<u></u>	g. Name and Address of Curre		ent	1301		10. Name and Address of New Re	_1	
ПАН	RY P. SANTOS, JR.		<u> </u>	81	Name		<u> </u>	
2390	SW 27TH TERRACE T LAUDERDALE FL 33312			82	Street Ad	dress (P.O. Box Number is Not Acceptal	ole)	<u> </u>
run	II LAUDENDALE PE 333 IZ			83				
				84	City	AMARIE ALTER HERETERS FOR THE STATE OF THE S	FL 85 Zip	Code
SIGNATURE 12. TITLE NAME STREET ADDRESS	PD Santos Jr,Harry P 1217 SW 1st Ave.	ND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME		quired when reinstating) ADDITIONS/CHANGES TO OFFIG	DATE CERS AND DIRECTOR Change	RS IN 12
C-TY-ST-ZIP TITLE NAME STHEET ACCURESS	FORT LAUDERDALE FL SVD FOGT JR,HAROLD E 1217 SW 1ST AVE. FORT LAUDERDALE FL		DELETE		T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD SANTOS,JEAN 1217 SW 1ST AVE. FORT LAUDERDALE FL		DELETE		T ADDRESS		☐ Change	Addition
City St Zip Tifle Name Street Aduress		V	DELETE		T ADDRESS	Managaraya .	☐ Change	Addition
CITY-ST-ZIF FILE NAME STREEL ADDRESS			DELETE		T ADDRESS		Change	Addition
CHY-SE-ZE TITLE NAME STREET ADDRESS CHY-ST-ZE			DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 SIREE 5.4 CITY-	T ADDRESS		☐ Change	Addition
14. I do herel informatio Lam an o	in indicated on this annual error of	or the receive for t	hual report is trustee #mpo	lify for the ex true and acc	emption sta	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same leg port as required by Chapter 607, Florida	al effect as if made ur	nder oath: that