

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS**95 MAR -9 AM 8:44****DOCUMENT # 419269 (6)**

1. Corporation Name

SARRA INVESTMENTS CORP.

Principal Place of Business

**505 S.W. 8TH ST
MIAMI FL 33130
US**

Mailing Address

**505 S.W. 8 ST.
MIAMI FL 33130
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1973

3a. Date of Last Report

01/26/1994

4. FEI Number

59-1447787

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

27 City & State

28 Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**PEDRAL, JAVIER
505 S.W. 8TH ST
MIAMI FL 33130**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME PERAL, JAVIER
STREET ADDRESS 505 S.W. 8TH ST
CITY-ST-ZIP MIAMI FL****TITLE SD
NAME PERAL, ELOY
STREET ADDRESS 505 S.W. 8TH ST
CITY-ST-ZIP MIAMI FL****TITLE TD
NAME PERAL, ELOY
STREET ADDRESS 505 S.W. 8TH ST.
CITY-ST-ZIP MIAMI FL****TITLE D
NAME GONZALEZ, MARIO
STREET ADDRESS 1420 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL****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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP****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**☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or appointment 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Peral**3-5-95****856-2211**

Date

Daytime Phone #