

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 513166 (9)

1. Corporation Name

SARA INTERNATIONAL, INC.



Principal Place of Business

13290 NW 45TH AVE  
OPA LOCKA FL 33054

Mailing Address

13290 NW 45TH AVE  
OPA LOCKA FL 33054

3. Date Incorporated or Qualified  
08/17/1976

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-1686738

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRIAR, MICHAEL P  
4601 SHERIDAN STREET  
N MIAMI BEACH, FL  
HOLLYWOOD 33021

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME  
KARRON, RICHARD  
STREET ADDRESS  
9655 E BAY HARBOR DR  
CITY-ST-ZIP  
BAY HARBOR ISLANDS FL

2. TITLE ☐ DELETE

NAME  
WOHLMAN, RITA  
STREET ADDRESS  
20191 E COUNTRY CLUB DR  
CITY-ST-ZIP  
N MIAMI BCH FL

3. TITLE ☐ DELETE

NAME  
VPD  
STREET ADDRESS  
13290 NW 45 AVE  
CITY-ST-ZIP  
OPALOCKA FL

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Rita Wohlgeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 305-687-5700  
Date Daytime Phone #

CR2E034 (12/95)