**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 513166 1. Corporation Name

SARA INTERNATIONAL, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90262 048 \*\*\*150.00



Principal Place	of Business	Mailing Address			- I INTERNATIONAL CIRCUS DELICAL MICE PARTIES OF THE PROPERTY	FI BIBIL BIBIL BIBIL B	ENTE NEWSTERN STATES
13290 NW 45TH AVE OPA LOCKA FL 33054  13290 NW 45TH AVE OPA LOCKA FL 33054					DO NOT WRITE II	N THIS SPACE	
	·				3. Date Incorporated or Qualifed		-
					08/17/1976		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	plied For
21		26			59-1686738		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				<del></del>	·
City & State	· 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	· .
Zip	Country	Zip		intry	8. This corporation owes the current y		\
24	25	29	30		Personal Property Tax.	¥Yes	□No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Regis	stered Agent	
CTDI	AD MICHAEL D			81 Name		_	
STRIAR, MICHAEL P				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
3864 SHERIDAN ST HOLLYWOOD 33021				83		•	
HOLL	.1WOOD 33021			83	•		
				84 City		FL 85 Zip C	Code
44 0	the servicions of Continue CO7 DEO2	2 and 607 4509 Florida Statut	ton the s	hove named col	poration submits this statement for the purp		registered
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a	authorized	d by the corpora	tion's board of directors. I hereby accept the	appointment as reg	gistered
SIGNATURE	<u> </u>					DATE	
	Signature, typed or printed name of registered agent		Registered	d Agent signature requi	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	OFFICERS ANI	DELETE	1.1 TI	ле Т	ADDITIONS/CHANGES TO CITICE	Change	Addition
NAME	•		1.2 N	Y			_
	RICHARD ADELMAN 13290 NW 45TH AVE			TREET ADDRESS			
STREET ADDRESS			1.00	THEE TADDIALOG			
CITY-ST-ZIP			440	ITV OT TID			
NAME	OPA LOCKA FL 33054	□ DELETE		ITY-ST-ZIP		☐ Change	. Addition
NAME	SD	☐ DELETE	2.1 ∏	TLE .	· ·	☐ Change	. Addition
CTREET ADDRESS	SD WOHLMAN, RITA	☐ DELETE	2.1 TI 2.2 N	TLE AME		☐ Change	. Addition
STREET ADDRESS	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR	☐ DELETE	2.1 TI 2.2 N 2.3 S	TILE AME TREET ADDRESS		☐ Change	· Addition
CITY-ST-ZIP	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR N MIAMI BCH FL	DELETE	2.1 TI 2.2 N 2.3 S	ITLE  AME  TREET ADDRESS  CITY-ST-ZIP	SELLO EM L	☐ Change	Addition
CITY-ST-ZIP	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR N MIAMI BCH FL VPD		2.1 TI 2.2 N 2.3 S 2.4 C	TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  P	RECIDENT		<u>-</u>
CITY-ST-ZIP TITLE NAME	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR N MIAMI BCH FL VPD RAFAEL VILLEGAS		2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  P	SELIDENL		<u>-</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR N MIAMI BCH FL VPD RAFAEL VILLEGAS 13290 NW 45 AVE		2.1 TI 2.2 Ni 2.3 S 2.4 C 3.1 T! 3.2 Ni 3.3 S	TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  P  AME  TREET ADDRESS	SELID ENL		<u>-</u>
CITY-ST-ZIP TITLE NAME	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR N MIAMI BCH FL VPD RAFAEL VILLEGAS		2.1 TI 2.2 Ni 2.3 S 2.4 C 3.1 T! 3.2 Ni 3.3 S	TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  P  AME  TREET ADDRESS  CITY-ST-ZIP	SELIO EML		<u>-</u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOHLMAN, RITA 20191 E COUNTRY CLUB DR N MIAMI BCH FL VPD RAFAEL VILLEGAS 13290 NW 45 AVE OPALOCKA FL T	- DELETE	2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C	TILE  AME  TREET ADDRESS  CITY-ST-ZIP  TILE  P  AME  TREET ADDRESS  CITY-ST-ZIP	\$ & \$ 1 10 EW [	Change	_ Addition
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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:**