

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 640816 (5)

1. Corporation Name
SARA-ANA, INC.



Principal Place of Business
8925 COLLINS AVENUE
4H
SURFSIDE FL 33154

Mailing Address
C/O RIESENBERG
644 E. HALLANDALE BCH BLVD.
HALLANDALE FL 33009-4422

3. Date Incorporated or Qualified 09/06/1979
3a. Date of Last Report 10/29/1996

2. Principal Place of Business

21 Suite, Apt #, etc:

22 City & State:

23 Zip:

25 Country:

24

2a. Mailing Address

26 Suite, Apt #, etc:

27 City & State:

28 Zip:

30 Country:

4. FEI Number

59-1963067

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

ROTHBAUM, ANNA
8925 COLLINS AVENUE
SURFSIDE FL 33154

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

Sign the 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

TITLE PSD
NAME ROTHBAUM, ANNA
STREET ADDRESS 8925 COLLINS AVE. 4H
CITY-ST-ZIP SURFSIDE FL 33154

1.1 TITLE Change Addition

TITLE DELETE

1.2 NAME

TITLE DELETE

1.3 STREET ADDRESS

TITLE DELETE

1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

TITLE DELETE

2.2 NAME

TITLE DELETE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

Daytime Phone #

CR2E034 (9/96)