

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:22

DOCUMENT # 661643

(7)

1. Corporation Name

SAROPA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1935 NE 207 ST
N. MIAMI BCH FL 33179

1935 NE 207 ST
N. MIAMI BCH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1980

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2099325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 193.032
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMAN, GARY
600 S. ANDREWS AVE.
SUITE 405
FT. LAUDERDALE FL 33301

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 (Type or print name of registered agent and the corporation)

Signature (Type or print name of registered agent and the corporation)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD
FUNT, SHERRY A
1935 NE 207 ST
N. MIAMI BCH FL 00000

11 TITLE

☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY, ST, ZIP

14 CITY, ST, ZIP

TITLE

STD
FUNT, RONALD
1935 NE 207 ST
N. MIAMI BCH FL 00000

21 TITLE

☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY, ST, ZIP

24 CITY, ST, ZIP

TITLE

TITLE

31 TITLE

☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY, ST, ZIP

34 CITY, ST, ZIP

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41 TITLE

☐ Change ☐ Addition

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42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY, ST, ZIP

44 CITY, ST, ZIP

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51 TITLE

☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY, ST, ZIP

54 CITY, ST, ZIP

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61 TITLE

☐ Change ☐ Addition

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62 NAME

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63 STREET ADDRESS

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64 CITY, ST, ZIP

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71 TITLE

☐ Change ☐ Addition

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72 NAME

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73 STREET ADDRESS

CITY, ST, ZIP

74 CITY, ST, ZIP

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81 TITLE

☐ Change ☐ Addition

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82 NAME

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83 STREET ADDRESS

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84 CITY, ST, ZIP

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91 TITLE

☐ Change ☐ Addition

NAME

92 NAME

STREET ADDRESS

93 STREET ADDRESS

CITY, ST, ZIP

94 CITY, ST, ZIP

TITLE

TITLE

101 TITLE

☐ Change ☐ Addition

NAME

102 NAME

STREET ADDRESS

103 STREET ADDRESS

CITY, ST, ZIP

104 CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-95

305 931 1935