

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 # 856848

(7)

1. Corporation Name

SARTOM CORPORATION



Principal Place of Business

Mailing Address

11420 N. KENDALL DR., #201  
MIAMI FL 33176

11420 N. KENDALL DR., #201  
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21 10855 Caribbean Blvd.

26 P.O. Box 924871

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Miami FL

27 City & State  
28 Princeton FL

24 Zip 33189 Country Dade

29 Zip 33092-4871 Country Dade

9. Name and Address of Current Registered Agent

BORIN, THOMAS  
11420 N. KENDALL DR., #201  
MIAMI FL 33176

3. Date Incorporated or Qualified

06/21/1983

3a. Date of Last Report

04/24/1995

4. FEI Number

38-2283962

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

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 changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BORIN, THOMAS  
STREET ADDRESS 11420 N. KENDALL DR., #201  
CITY-ST-ZIP MIAMI FL 33176

TITLE S ☐ DELETE

NAME BORIN, SARA  
STREET ADDRESS 11420 N. KENDALL DR., #201  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 924871  
Princeton FL 33092-4871 n/a

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 924871  
Princeton FL 33092-4871 n/a

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

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

305 246-8260

Day

Daytime Phone #

CR2E034 (12/95)