

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0050501

①

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

93 JUL 17 PM 12:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F42659**

(5)

1. Corporation Name

CINDY SAN CORPORATION

Principal Place of Business

% MARGARET R. TURINA
9270 SW 58TH TERRACE
MIAMI FL 33173

Mailing Address

% MARGARET R. TURINA
9270 SW 58TH TERRACE
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1981

4. FEI Number

59-2119185

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Cynthia M. Mantoto

82 Street Address (P.O. Box Number is Not Acceptable)

9319 NW 24th Place

83

84 City

Pembroke Pines

FL

85 Zip Code

33024

2. Principal Place of Business

21 **9319 NW 24th Place**

Suite, Apt. #, etc.

22

City & State

Pembroke Pines, Florida

Zip

33024

Country

USA

2a. Mailing Address

26 **9319 NW 24th Place**

Suite, Apt. #, etc.

27

City & State

Pembroke Pines, Florida

Zip

33024

Country

USA

9. Name and Address of Current Registered Agent

**TURINA, MARGARET R.
9270 SW 58TH TERRACE
MIAMI FL 33173**

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 607.1505, Florida Statutes.

SIGNATURE

[Signature]
Signature (Typed or printed name of registered agent and dated as applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	TURINA, LAWRENCE D	
STREET ADDRESS	9270 SW 58TH TERRACE	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TURINA, MARGARET R	
STREET ADDRESS	9270 SW 58TH TERRACE	
CITY-STATE-ZIP	MIAMI, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTINEZ, SANDRA L.	
STREET ADDRESS	12721 SW 17TH CT	
CITY-STATE-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TURINA Lawrence	
1.3 STREET ADDRESS	9319 NW 24th Place	
1.4 CITY-STATE-ZIP	Pembroke Pines, FL 33024	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CYNTHIA M. MANTOTO	
2.3 STREET ADDRESS	9319 NW 24th Place	
2.4 CITY-STATE-ZIP	Pembroke Pines, FL 33024	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sandra L. Martinez	
3.3 STREET ADDRESS	12721 SW 17th Court	
3.4 CITY-STATE-ZIP	Miramar, FL 33027	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

SIGNATURE:

[Signature]

6/2/98 954-442-4814

CR2E034 (5/98)

2

Cindy San Corp
9319 NW 24th Place
Pembroke Pines, Fl 33024

Divison of Corporations
Annual Reports Filings
P O Box 1500
Tallahassee, Fl 32302-1500

July 7 1998

Dear Sir

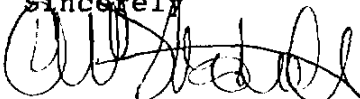
I have received your 2nd notice of the Corporations Filings.
To the best of my knowledge the first one was never received.
I have researched all files regarding the Corporation and also
checked to see if a check was issued.

The registered Agent at the time was Margaret Turina(my mother)
who was very ill, during 1997 (Nov & Dec). And had been hospitalized.
During November thru March 1998 she was back working only a few
weeks in January when this report would have arrived. She was
under very serious medication for bacteria. (infection of the
heart muscle) She has passed away.

She was the President of the Corporation and would have taken
care of all business. It would have been during these months
when the check would have been sent to you.

I am sending you a copy of her(Margaret Turina) death certicate.
I am also requesting that this Corporation not be charged the
late fee because of the unforeseenable circumstances.
Also enclosed is the check for \$150.00 that was due.
Please consider my request and advise me of your decision.

Sincerely,



Cynthia M. Montoto
President

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDATYPE OR
PRINT IN
PERMANENT
BLACK INK

LOCAL FILE NO.		1 DECEDENT'S NAME		2 SEX	
		FIRST MIDDLE LAST		Female	
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (Year)	
March 11, 1998		489-34-8453		64	
6 DATE OF BIRTH (Month, Day, Year)		7 BIRTHPLACE (City and State or Foreign Country)		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
December 19, 1933		St. Louis, Missouri		No	
9a PLACE OF DEATH (Check only one - see instructions on other side)		9b INSIDE CITY LIMITS? (Yes or No)			
HOSPITAL <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> EOC <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		No			
10a FACILITY NAME (If not institution, give street and number)		10b CITY, TOWN, OR LOCATION OF DEATH		10c COUNTY OF DEATH	
Baptist Hospital		Miami		Dade	
11 DECEDENT'S USUAL OCCUPATION		12 KIND OF BUSINESS/INDUSTRY		13 MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	
Office Manager		Pump Repair		Married	
14 RESIDENCE - STATE		15 COUNTY		16 CITY, TOWN, OR LOCATION	
Florida		Dade		Miami	
17 INSIDE CITY LIMITS? (Yes or No)		18 ZIP CODE		19 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify Yes or No - If Yes, Specify Mexican, Cuban, Mexican, Puerto Rican, etc.)	
No		33173		X No - Yes	
20 FATHER'S NAME (First, Middle, Last)		21 MOTHER'S NAME (First, Middle, Maiden Surname)		22 DECEDENT'S EDUCATION (Specify only highest grade completed)	
Raymond W. Sahlbach		Margaret Fuchs		Elementary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> College <input type="checkbox"/> (Specify)	
23 INFORMANT'S NAME (Type/Print)		24 MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Lawrence Turina		9270 S. W. 58th Terrace, Miami, FL 33173			
25 METHOD OF DISPOSITION		26 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		27 LOCATION - City or Town, State	
Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Callaway Crematory		Lake Worth, FL	
28 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		29 LICENSE NUMBER (of Licensee)		30 NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		1498		Tillman Funeral Home, 2170 S. Military Tr. West Palm Beach, FL 33415	
31 To the best of my knowledge, death occurred on the time, date, and place and due to the cause(s) as stated (Signature and Title)		32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated (Signature and Title)			
33 DATE SIGNED (Mo, Day, Yr)		34 HOUR OF DEATH		35 DATE SIGNED (Mo, Day, Yr)	
3-16-98		1:02 P			
36 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		37 MEDICAL EXAMINER'S CASE #			
Allen Seifer, M.D., 8740 N. Kendal Drive, Miami, Florida 33176					
38 SUBREGISTRAR - SIGNATURE AND DATE		39 LOCAL REGISTRAR - SIGNATURE		40 DATE REGISTERED	
<i>[Signature]</i>		<i>[Signature]</i>		MAR 24 1998	
41 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		42 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) →					
Respiratory Distress Syndrome					
DUE TO (OR AS A CONSEQUENCE OF)					
Bacterial endocarditis					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		43 WAS AN AUTOPSY PERFORMED? (Yes or No)		44 WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
		No		Yes	
45 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		46 IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED		47 DATE OF SURGERY (Mo, Day, Year)	
48 PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined)		49 DATE OF INJURY (Month, Day, Year)		50 TIME OF INJURY	
51 PLACE OF INJURY - At home <input type="checkbox"/> In street, factory, etc. (Specify)		52 INJURY AT WORK? (Yes or No)		53 DESCRIBE HOW INJURY OCCURRED	
54 LOCATION (Street and Number or Rural Route Number, City or Town, State)					

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

Maurice Darden

MAR 25 1998

State Registrar

WARNING:

9386403

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

HRS FORM 1564 (10-96)

VOID IF ALTERED OR ERASED