

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

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # F92000000081 (1)

1. Corporation Name

SANDPOINT FINANCIAL CORP.

Principal Place of Business

446 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

446 COLLINS AVE
MIAMI BEACH FL 33139

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THREATT, ROBERT R.
446 COLLINS AVENUE
1221 BRICKELL AVE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

52-1808456

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 first filing.)

DATE:

12. OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE
NAME KRAMER, THOMAS
STREET ADDRESS 3 MILL MALL TWR 2ND FLOOR
CITY - ST - ZIP ROADTOWN TOTOLA BVI

TITLE V ☐ DELETE
NAME HARNAW, H.
STREET ADDRESS 446 COLLINS AVENUE
CITY - ST - ZIP MIAMI BEACH FL

TITLE VS ☐ DELETE
NAME NEE, M
STREET ADDRESS 446 COLLINS AVENUE
CITY - ST - ZIP MIAMI BEACH FL

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

11 TITLE DP ☒ Change ☐ Addition
12 NAME Kramer, Thomas
13 STREET ADDRESS 446 Collins Avenue
14 CITY - ST - ZIP Miami Beach, FL 33139

21 TITLE VP ☒ Change ☐ Addition
22 NAME Hanau, H.
23 STREET ADDRESS 446 Collins Avenue
24 CITY - ST - ZIP Miami Beach FL 33139

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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

3/19/96

305-532-2519

CR2E034 (12/95)