

**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 # **G33967** (2)  
1. Corporation Name  
**SARIN'S OUTLET CORP.**



Principal Place of Business Mailing Address  
**7200 NW 7TH ST MIAMI FL 33126-2903** **7200 NW 7TH ST MIAMI FL 33126-2903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/19/1983</b>	3a. Date of Last Report <b>04/24/1995</b>
21	22	26	27	4. FEI Number <b>59-2290487</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	24	28	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip		Country		Zip	
25	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PASCUAL, CRISTOBALINA E 3140 SO OCEAN DRIVE, APT 505 HALLANDALE FL 33009</b>				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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent, are both if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASCUAL, CRISTOBALINA E</b>	1.2 NAME	
STREET ADDRESS	<b>3140 SO OCEAN DRIVE, APT. 505</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASCUAL, JUAN C.</b>	2.2 NAME	
STREET ADDRESS	<b>16452 N.W. 82ND PL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASCUAL, JUAN</b>	3.2 NAME	
STREET ADDRESS	<b>3140 SO. OCEAN DRIVE, APT. 505</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HALLANDALE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENA, ALBERTA E</b>	4.2 NAME	
STREET ADDRESS	<b>6474 MIAMI LAKES DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI LAKES FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_