

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/19/1983

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **59-2290487**
 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

9. Name and Address of Current Registered Agent
PASCUAL, CRISTOBALINA E
3140 SO OCEAN DRIVE, APT 505
HALLANDALE FL 33009

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, CRISTOBALINA E	12 NAME	
STREET ADDRESS	3140 SO OCEAN DRIVE, APT. 505	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, JUAN C.	22 NAME	
STREET ADDRESS	16452 N.W. 82ND PL	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUAL, JUAN	32 NAME	
STREET ADDRESS	3140 SO. OCEAN DRIVE, APT. 505	33 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, ALBERTA E	42 NAME	
STREET ADDRESS	6474 MIAMI LAKES DR	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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: _____ *Alberta E Pena* **ubzlar (205) 362-8011**

CR2E034 (10/97)