

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

FILED

Feb 12 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 # **G87762** (2)
1. Corporation Name
SARON ENTERPRISES, INC.

Principal Place of Business
**9875 BIRD ROAD
MIAMI FL 33165**

Mailing Address
**9875 BIRD ROAD
MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1984	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2361049		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARQUEZ, JOSE M. 782 NW LEJEUNE RD SUITE 548 MIAMI FL 33126		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	HERRAN, MANUEL A.	<input type="checkbox"/> DELETE	
STREET ADDRESS	8460 S.W. 5TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
VPD	GUERRA, ARMANDO J.	<input type="checkbox"/> DELETE	
STREET ADDRESS	9475 JOURNEYS RD	2.1 TITLE	Same Correcting address <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CORAL GABLES FL	2.2 NAME	Same
		2.3 STREET ADDRESS	9475 Journey's End Road
		2.4 CITY-ST-ZIP	Same
TD	HERRAN, JOSE ANTONIO	<input type="checkbox"/> DELETE	
STREET ADDRESS	8455 GRAND CANAL DR.	3.1 TITLE	
CITY-ST-ZIP	MIAMI FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
VPD	URALDE, ALDO	<input type="checkbox"/> DELETE	
STREET ADDRESS	1310 SW 99TH AVE	4.1 TITLE	
CITY-ST-ZIP	MIAMI FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
SD	ROMELIO VALDES	<input type="checkbox"/> DELETE	
STREET ADDRESS	9755 SW 82 ST	5.1 TITLE	Same Correcting name <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MIAMI FL	5.2 NAME	VALDES, Daniel R.
		5.3 STREET ADDRESS	Same
		5.4 CITY-ST-ZIP	Same
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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: *R. Valdes, Daniel R. Valdes* 1/15/98 559-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0229123

CR2E034 (10/97)