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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G87904** **(0)**

1. Corporation Name

SARTOM MANAGEMENT CORP.

Principal Place of Business	Mailing Address
11420 N. KENDALL DR.. #201 MIAMI FL 33176	11420 N. KENDALL DR.. #201 MIAMI FL 33176

3. Date Incorporated or Qualified: 01/19/1984
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2462045 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10855 Caribbean Blvd.	26 P.O. Box 924871
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: miami FL.	28 City & State: princeton fl
24 Zip: 33189 Country: Dade	29 Zip: 33092-4871 30 Country: Dade

9. Name and Address of Current Registered Agent

BORIN, THOMAS
11420 N. KENDALL DR., #201
MIAMI FL 33176

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing this form)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BORIN, THOMAS		1.2 NAME	
STREET ADDRESS	11420 N. KENDALL DR., #201		1.3 STREET ADDRESS	P.O. Box 924871
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	princeton Fl 33092-4871 N/A.
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BORIN, SARA		2.2 NAME	
STREET ADDRESS	11420 N. KENDALL DR., #201		2.3 STREET ADDRESS	P.O. Box 924871
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP	princeton Fl 33092-4871 N/A
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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)(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: Thomas L. Borin 3-20-96 305 246-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)