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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H21316 (5)

1. Corporation Name
SANARO, INC.

Principal Place of Business
% C. ROBERT MURRAY, JR.
7186 SW 117TH AVE
MIAMI FL 33183

Mailing Address
% C. ROBERT MURRAY, JR.
7186 SW 117TH AVE
MIAMI FL 33183-2808



| | |
|---|--|
| 3. Date Incorporated or Qualified 09/17/1984 | 3a. Date of Last Report 03/04/1996 |
| 4. FEI Number 65-0015031 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|---|-------------------|-------------------|
| 2. Principal Place of Business 21 7050 SW 86TH AVENUE Suite, Apt. #, etc. 22 SUITE 4 City & State 23 MIAMI, FL 33143 Zip 24 33143 | 2a. Mailing Address 26 7050 SW 86TH AVENUE Suite, Apt. #, etc. 27 SUITE 4 City & State 28 MIAMI, FL 33143 Zip 29 33143 | Country 25 USA | Country 30 USA |
|--|---|-------------------|-------------------|

| | |
|---|---|
| 9. Name and Address of Current Registered Agent MURRAY, C. ROBERT, JR. 8300 NW 53RD ST #300 MIAMI FL 33186 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SAUM, ROBERT L. 7186 SW 117 AVENUE MIAMI FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | PD SAUM, ROBERT L. 7050 SW 86 AVE. MIAMI, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MAGNER, SUSAN 7186 SW 117TH AVENUE MIAMI FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | VP MAGNER, SUSAN 7050 SW 86TH AVENUE, SUITE \$ MIAMI, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST SAUM, NANCY D. 7186 SW 117TH AVENUE MIAMI FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | ST SAUM, NANCY D. 7050 SW 86 AVENUE MIAMI, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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: *Susan Wagner* SUSAN MAGNER V.P. 1/13/97 (305) 575-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)