

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 # **H71376** (8)

1. Corporation Name

SANI MED. INC.



Principal Place of Business

**8874 WALNUT RIDGE LOOP
CORDOVA TN 38018**

Mailing Address

**C/O BRADY & COKER
1318 SOUTHEAST 2ND AVE.
FT. LAUDERDALE FL 33316
US**

3. Date Incorporated or Qualified
08/14/1985

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 **11 Villa Lane**

Suite, Apt. #, etc.

22 City & State

23 **Monsey N.Y.**

24 Zip

10952

Country

25 **Rockland**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip

10952

Country

30

4. FEI Number

59-2587115

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

9. Name and Address of Current Registered Agent

**BRADY, JAMES C
1318 SOUTHEAST 2ND AVE.
FORT LAUDERDALE FL 33316**

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

BRADY & COKER, ATTORNEYS

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

CARDELLO, FLOYD

8874 WALNUT RIDGE LOOP

CORDOVA TN 38018

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

DICARLO, DENISE

8874 WALNUT RIDGE LOOP

CORDOVA TN 38018

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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DOBRINER, DANIELE

11 VILLA LANE

MONSEY NY 10952

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TITLE

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NAME

STREET ADDRESS

CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

SECRETARY

DANIELE DOBRINER

11 VILLA LANE

MONSEY N.Y. 10952

PRESIDENT

URI DOBRINER

11 VILLA LANE

MONSEY N.Y. 10952

500001796905

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*****200.00**

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:

Donelle Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 211-684-3225
DATE AND PHONE NUMBER

CR2E034 (12/95)