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FILED
May 15 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 # **J66432** **(2)**

1. Corporation Name
STAHARIT, INC.

Principal Place of Business	Mailing Address
241 OMAHA COUNTY ROAD #1 PALM HARBOR FL 34683	241 OMAHA COUNTY ROAD #1 PALM HARBOR FL 34683

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21: 241 Omaha St
22 Suite, Apt. #, etc.:
23 City & State: Palm Harbor FL.
24 Zip: 34683 25 Country:

2a. Mailing Address
26: 241 Omaha St
27 Suite, Apt. #, etc.: C.R. #1
28 City & State: Palm Harbor FL.
29 Zip: 34683 30 Country:

4. FEI Number: 59-2927514 ☐ 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
TRIAS, STACY
241 OMAHA COUNTY ROAD #1
PALM HARBOR FL 34683

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: Stacy Trias
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRIAS, STACY		1.2 NAME	
STREET ADDRESS	241 OMAHA STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE	AD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRIAS, ALICIA		2.2 NAME	
STREET ADDRESS	1991 SADDLE HILL ROAD NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TRIAS, DANA		3.2 NAME	
STREET ADDRESS	1991 SADDLE HILL ROAD NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		3.4 CITY-ST-ZIP	
TITLE	CO	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PADRO.ALBERTO		4.2 NAME	
STREET ADDRESS	1991 SADDLEHILL RD N		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		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	

CR2E034 (9/96)

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: Stacy Trias PD 5-7-97