FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K84224** **(0)**

1. Corporation Name
SARA-BETH'S, INC.

Principal Place of Business	Mailing Address
10639 S.W. 61 AVE. MIAMI FL 33156 US	10639 S.W. 61 AVE. MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1989**
3a. Date of Last Report: **06/17/1994**

2. Principal Office of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)

4. FEI Number: **65-0250987** ☐ 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

(24) (25) (29) (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACK, JAN M.S.
1500 SAN REMO AVENUE
SUITE 245
CORAL GABLES FL 33146

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 607.1505 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

12. OFFICERS AND DIRECTORS

(20) TITLE	TS
NAME	DOWLESS-BLACK, SARA BETH
(STREET ADDRESS)	10639 S.W. 61 AVE.
(CITY, ST, ZIP)	MIAMI FL
(19) TITLE	DP
NAME	DOWLESS-BLACK, SARA BETH
(STREET ADDRESS)	10639 S.W. 61 AVE.
(CITY, ST, ZIP)	MIAMI FL
(18) TITLE	
NAME	
(STREET ADDRESS)	
(CITY, ST, ZIP)	
(17) TITLE	
NAME	
(STREET ADDRESS)	
(CITY, ST, ZIP)	
(16) TITLE	
NAME	
(STREET ADDRESS)	
(CITY, ST, ZIP)	
(15) TITLE	
NAME	
(STREET ADDRESS)	
(CITY, ST, ZIP)	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

71 TITLE	☐ Change ☐ Addition
72 NAME	
73 STREET ADDRESS	
74 CITY, ST, ZIP	
75 TITLE	☐ Change ☐ Addition
76 NAME	
77 STREET ADDRESS	
78 CITY, ST, ZIP	
79 TITLE	☐ Change ☐ Addition
80 NAME	
81 STREET ADDRESS	
82 CITY, ST, ZIP	
83 TITLE	☐ Change ☐ Addition
84 NAME	
85 STREET ADDRESS	
86 CITY, ST, ZIP	
87 TITLE	☐ Change ☐ Addition
88 NAME	
89 STREET ADDRESS	
90 CITY, ST, ZIP	
91 TITLE	☐ Change ☐ Addition
92 NAME	
93 STREET ADDRESS	
94 CITY, ST, ZIP	

14. I DO HEREBY CERTIFY that the information supplied with this filing is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State for filing may subject me to criminal sanctions pursuant to Chapter 817, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 (changed, added or deleted) or on an attachment with an address.

SIGNATURE: S B Dowless-Black — 4-28-95 — 305-666-6761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0188470 CP