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# FILED
# Mar 13 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 # **K84224** **(0)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 10639 S.W. 61 AVE.<br>MIAMI FL 33156<br>US | 10639 S.W. 61 AVE.<br>MIAMI FL 33156-4124<br>US |

3. Date Incorporated or Qualified: **04/28/1989**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21 Street Address, 22 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country)

2a. Mailing Address (26 Street Address, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country)

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

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 607.0502 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 and agree to act in this capacity. I further agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: SB Dowless-Black **3-8-97**
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TS
DOWLESS-BLACK, SARA BETH
10639 S.W. 61 AVE.
MIAMI FL
☐ DELETE

DP
DOWLESS-BLACK, SARA BETH
10639 S.W. 61 AVE.
MIAMI FL
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change | ☐ Addition |

CR2E034 (9/96)

14. I 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 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:** SB Dowless-Black **3-8-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #