2004 FOR PROFIT CORPORATION

Apr 09, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L00125 1. Entity Name 04-09-2004 90062 049 ***150.00 S. & A. INTERNATIONAL, INC Principal Place of Business Mailing Address % ROBERTO L. ARELLANO 7901 N.W. 67TH ST. MIAMI FL 33166 % ROBERTO L. ARELLANO 7901 N.W. 67TH ST. MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FE! Number 65-0132095 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERRANO, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 7907 N.W. 67TH STREET **MIAMI FL 33166** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ** After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE ☐ Change Addition SAME SERRANO, ENRIQUE NAME STREET ADDRESS 14912 SW 139 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TAME ☐ Delete TITLE Change ☐ Addition NAME SERRANO, FERNANDO NAME 14745 SW 147 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME SERRANO, IUETTE'A. NAME 14745 SW 147 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME

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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 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 10 or Block 11 if changed, or on an attach with all other like empowered. DIRECTOR-ENRIOUE SERROW SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS