

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 # **L30813** (4)

1. Corporation Name
SARDY, INC.



Principal Place of Business
**755 WASHINGTON AVENUE
MIAMI BCH. FL 33139
US**

Mailing Address
**755 WASHINGTON AVE.
MIAMI BCH. FL 33139
US**

3. Date Incorporated or Qualified
11/20/1989

3a. Date of Last Report
04/03/1995

4. F.E.I. Number
65-0158939

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**SARDINIA, SERGIO G.
2843 S BAYSHORE DRIVE #10F
MIAMI FL 33133**

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

Signature typed or printed name of registered agent (Not applicable)

Signature Registered Agent (Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	☐ DELETE
NAME	SARDINIA, MELISSA G.	
STREET ADDRESS	2843 S. BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL	
TITLE	DP	☐ DELETE
NAME	SARDINIA, SERGIO G.	
STREET ADDRESS	2843 S. BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

1. TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
2. TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO G. SARDINIA

1-31-96

305-672-4224

CR2E034 (12/95)