PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L30813 1. Corporation Name

SARDY, INC.

Principal Place of Business	Mailing Address	
755 WASHINGTON AVENUE	755 WASHINGTON AVE.	
MIAMI BCH. FL 33139	MIAMI BCH. FL 33139	
IIS	US	

FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90006 030 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualified 11/20/1989	
2. Principal Pl	ace of Business	2a.	· Mailing Address				4. FEI Number Applied For	
21		26	J				65-0158939 Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State	9	 -	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country	L	Zip	—	untry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	
	9. Name and Address of Curre	nt Regis	stered Agent		04	NI	10. Name and Address of New Registered Agent	
CAD	DINIA CEDOIO O				81	Name		
SARDINIA, SERGIO G.					82 Street Address (P.O. Box Number is Not Acceptable)			
	WASHINGTON AVE							
MAIM	MI BCH FL 33139				83			
					84	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was au	ithorize	d by t	-named co he corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	int and title	if applicable (NOTE.	Registere	d Agent	signature requ	uired when reinstating) DATE	
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP		☐ DELETE	1.1 T	ITLE		☐ Change ☐ Addition	
NAME	SARDINIA, MELISSA G.			1.2 N	AME			
STREET ADDRESS	755 Washington Ave			1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139			1.4 0	ITY-ST	-ZIP		
TITLE	DP		☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition	
NAME	Sardinia, Sergio G.			2.2 N	IAME			
STREET ADDRESS	755 Washington Ave			2.3 S	TREET	ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139			2.40	CITY-S1	- ZIP		
TITLE			☐ DELETE	3.1 T	ITLE		Change Addition	
NAME				32 N	IAME	l		
STREET ADDRESS				3.3 5	TREET	ADDRESS		
CITY-ST-ZIP					CITY-S1	r-ZIP		
TITLE			☐ DELETE	4.1 T	MLE		☐ Change ☐ Addition	
NAME				4, 21	NAME			
STREET ADDRESS				4.3 5	TREET	ADDRESS		
CITY-ST-ZIP				_	ITY-ST	-ZIP		
TITLE			☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME	!				IAME			
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP					ITY-ST	-21P		
TITLE			☐ DELETE	6.1 T			☐ Change ☐ Addition	
NAME					IAME			
STREET ADORESS				6.3 5	TREET	ADDRESS		
CITY-ST-ZIP					ITY-ST			
14. I berehv o	pertify that the information supplied w	ith this	filing does pot qualify for	the ex	emeter	on stated i	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 trusted 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, with all effect like empowered.

SIGNATURE:

SIGNATURE AND DIPED OF PROTEO NAME OF SIGNING OFFICER OR DIRECTOR