

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002128 (6)

1. Corporation Name
SARYA, INC.



Principal Place of Business

6108A NW 26TH ST.
SUNRISE FL 33313
US

Mailing Address

6108A NW 26TH ST.
SUNRISE FL 33313
US

3. Date Incorporated or Qualified 10/30/1992	3a. Date of Last Report 03/24/1995
4. FEI Number 65-0374033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

ZINGER DAVID
2020 NW 207 ST
N MIAMI BEACH FL 33179

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, and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
SD	GENET, BENJAMIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3990 N. 38TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
P	ZINGER, DAVID	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2020 NE 0207 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Zinger

5/8/96 (305) 932-2597

CR2E034 (12/95)