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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000012130 (9)

SANYA, INC.

DOCUMENT # 1. Corporation Name

Principal Place of Business Mailing Address						I IBBYODOT UND IDLABE LIVILO BRACL OBTITY OD		014 HAN 1914 HAN
11559 S.W. Miami Fl 33	90TH STREET 3176	11559 S.W. 90TH STREET MIAMI FL 33176						
• 0:						3. Date incorporated or Qualified 3 02/12/1993	05/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #	₹, etc.	Suite, Apt. #, etc.				65-0394446 Not Applicable 5. Certification of Status Desired S8.75 Additional		
22		27				5. Certificate of Status Desired		Additional Required
City & State		City & State 28				6. Flection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Z(p)	Country Zip 29		Courr 30	Country		8. This corporation has liability for intangible tax under s. 199.032,		
9. Name and Address of Current Registered Agent						Florida Statutes Yes No 10. Name and Address of New Registered Agent		
				31	Name	, , , , , , , , , , , , , , , , , , ,	stereo Agent	
SANTINI, HECTOR G				\$2	Street Add	Address (P.O. Box Number is Not Acceptable)		
	S.W. 90TH STREET L 33176		F	13				
MINAMI F	L 33170				 ,			
			18	14	City		FL 85 Zij	p Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 of agent, or both, in the State of Flore n, and accept the obligations of Sections of	and 607,1508, Fiorida Statu la Such change was authori, on 607,0505, Florida Statute	tes, the above red by the co s	s na	amed corpo iration's boa	ration submits this statement for the purpose and of directors. I hereby amount the appointm		registered office Lagent, Lam
SIGNATURE _	Agriative Typed or printed has a consequence again.	and the diagrams of the	Tille Berge torce I As	 Curst	Sural terrorian	of with religious grants	DATE	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DRS IN 12
TITLE	D			1 1 TiR(€			Change	Addit on
NAME	SANTINI, HECTOR G		1.2 NAM	1.2 NAME 1.3 STHE&T ADDRESS				
STREET ADDRESS	11559 S.W. 90TH STREET							
CITY-ST-ZIP Tille			1.4 City		- ZIP	<u> </u>		
NAME	Assembly shows			2 1 10fLF 2.2 NAME			Change	Add tion
STREET ADDRESS	11559 S.W. 90TH STREET			23 STREET ADDRESS				
CrTY-ST-ZIP	MIAMI FL 33176							
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NAME			3.2 NAMI	NAME			CT curange	L 1.00/101
STREET ADDRESS			33 STH	Set A	ADDRESS			
CITY-ST-ZIP			3 4 CITY	- 51	- ZiP			
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NAME			4.2 NAME	ŧ				
STREET ADDRESS			4.3.51RE	ŧΤΑ	.DORESS			•
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NAME							☐ Change	Addition
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CITY-ST-ZIP			5.3 STREE					
TITLE	DEL		6 1 DELE	ITY-ST-ZIP			Chaca:	
NAME			6.2 NAME				☐ Change	☐ Addition
STREET ADDRESS			6.3 STREE		DORESS			i
CITY-ST-ZIP			6.4 City -	SI.	710			
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily form	ished and do	¢s i	not quality for	or the exemption stated in Section 119 07(3)	III) Ekwisia Statut.	o 16 stoo

GNATURE:

Idea nereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.0/(3)ik). Florida Statutes I further certify that the information indicated on this annual report or supplied ental 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 or an afractiment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-25-96 305-596-7211