

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000013484 (9)

1. Corporation Name

SANT, INC.



Principal Place of Business

Mailing Address

7802 WILES RD  
CORAL SPRINGS FL 33071

7802 WILES RD  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

02/23/1993

3a. Date of Last Report

10/02/1995

2. Principal Place of Business

2a. Mailing Address

21 MY. BEVERAGE

26 MR. BEVERAGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7802 WILES ROAD

27 7802 WILES ROAD

City & State

City & State

23 CORAL SPRING

28 CORAL SPRING

Zip

Country

Zip

Country

24 BROWARD

30 BROWARD

4. FEI Number

65-0390790

X 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, LATA M  
7802 WILES ROAD  
CORAL SPRINGS FL 33071

81 Name

PATEL MINISH M.

82 Street Address (P.O. Box Number is Not Acceptable)

83

7802, WILES ROAD

84

CORAL SPRING

FL

85 Zip Code  
33071

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

Minish M. Patel

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

8/10/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME PATEL, LATA M  
STREET ADDRESS 7802 WILES RD  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☒ DELETE  
NAME PATEL, LATA M  
STREET ADDRESS 7830 WILES RD  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE P  
12 NAME PATEL, MINISH M.  
13 STREET ADDRESS 7802, WILES RD  
14 CITY-ST-ZIP CORAL SPRING FL 33071

21 TITLE V  
22 NAME PATEL, MINISH M.  
23 STREET ADDRESS 7802, WILES RD  
24 CITY-ST-ZIP CORAL SPRING FL 33071

31 TITLE T  
32 NAME PATEL MANU M.  
33 STREET ADDRESS 7802, WILES RD  
34 CITY-ST-ZIP CORAL SPRING FL 33071

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 1907(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 617, 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  
LATA PATEL

04-04-96

305-8215-9443

05/08/96

CR2E034 (3/96)