## 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

DOCUMENT # P93000014360 (0) 1. Corporation Name SURFSIDE SAND, INC.										
rincinal Place o	f Business		Ma	ailing Address			-{			
incipal Place of Business M  11900 BISCAYNE BOULEVARD SUITE 780 NORTH MIAMI FL 33181				11900 BISCAYNE BOULEVARD SUITE 780 NORTH MIAMI FL 33181			Date Incorporated or Qualified			
11011111	. ,						02/18/1993	1	05/01/199	
, Principal Plac	e of Business	<del></del>	2a.	Mailing Address			4. FEI Number			oplied For
			26				65-0407167			ot Applicable
Suite, Apt. #,	etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		,
Ζφ 1	25	Country	29	Zip	Country	,	8. This corporation has liability for Florida Statutes	intangible s <b>D</b> No	tax under s 1	199.032,
L		d Address of Cur		tered Agent	1301		10. Name and Address of New	Registere	d Agent	
	3				81	Name				
FREEDM	IAN, SANFO	RD A			82	Street Addr	ress (P.O. Box Number is Not Accepta	ıble)		
	ISCAYNE B				-					
SUITE 7					83					
NORTH MIAMI FL 33181				84	City		F	85 Zip	Code	
Pursuant to     registers	d proof or bo	th in the State of F	-londa Suct	n change was autiic	tutes, the above-	named corpor poration's boar	ration submits this statement for the purid of directors. I hereby accept the app	urnose of o	changing its re as registered	gistered office agent. I am
Pursuant to or registere familiar with GIGNATURE	ed agent, or bo n, and accept	th, in the State of Hithe obligations of, Stricted name of registered a	lorida, Such Section 607.	n change was autho .0505, Florida Statul applicable	tutes, the above- orized by the corp tes. (NOTE: Reystered Age	JOIATION'S DOM	of when rendaling)	urpose of o pointment DATE		
Pursuant to or registere familiar with SIGNATURE     S  2.	ed agent, or bo n, and accept Signature, typed or p	th, in the State of Hithe obligations of, Stricted name of registered a	lorida, Such Section 607.	n change was autho .0505, Florida Statul applicable CTORS	tutes, the above- orized by the corp tes.	nt signature require	ind of directors. Thereby accept the up	urpose of o pointment DATE		
Pursuant to or registere familiar with SIGNATURE     S  2.	ed agent, or both, and accept Signature, typed or p	th, in the State of F the obligations of, S writted name of registered a OFFICERS	Florida, Such Section 607. AND DIREC	n change was autho .0505, Florida Statul applicable	tutes, the above- prized by the corp tes. [NOTE Registered Age	ent signature require	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR	RS IN 12
1. Pursuant to or registere familiar with IGNATURE  2.  ILE  AME	d agent, or bon, and accept  Signature, typed or p  D  FREEDM	th, in the State of Hithe obligations of, Stricted name of registered a	lorida, Such Section 607. agent and title if AND DIREC	n change was autho .0505, Florida Statul applicable CTORS	tutes, the above- prized by the corp tes.  INOTE: Registered Age  13.  1.1 TITLE  12 NAME	ent signature require	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR	RS IN 12
Pursuant to or registere familiar with IGNATURE     S      TILE     AME     TREET ADDRESS	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S initied name of registered a OFFICERS	lorida, Such Section 607. agent and title if AND DIREC	n change was autho .0505, Florida Statul ayrical-k CTORS	tutes, the above- prized by the corp tes.  [NOTE: Registered Age  13.  1.1 TITLE  12 NAME  13 STHEE  1.4 CITY-	ent signature require	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR Change	RS IN 12
Pursuant to or registere familiar with	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was autho .0505, Florida Statul applicable CTORS	tutes, the above- nized by the corp tes.  [NOTE: Registered Age 13.  1.1 TITLE 12 NAME 13 STHEE 1.4 CITY- 2 1 TITLE	ent signaturo recipire.  11 AODRESS S1-7IP	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR	RS IN 12
1. Pursuant to or registere familiar with IGNATURE 2.  TLE AAME IRREIT ADDRESS ITY-ST-ZIP  TLE AAME	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was autho .0505, Florida Statul ayrical-k CTORS	tutes, the above- nized by the corp tes.    13.	ent signaturo recipiro.  11 AODRESS S1-2IP	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR Change	RS IN 12
1. Pursuant to or registere familiar with IGNATURE S  2. TLE AAME IREET ADDRESS ITY-ST-ZIP ILE AAME ITREET ADDRESS	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was autho .0505, Florida Statul ayrical-k CTORS	tutes, the above- nized by the corp tes.    13.	ent signaturo recurre.  El AODRESS S1-7IP	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR Change	RS IN 12
1. Pursuant to or registere familiar with IGNATURE S.  2. TLE AAME IREET ADDRESS ITY-ST-ZIP ILE AAME IREET ADDRESS ITY-ST-ZIP	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was autho .0505, Florida Statul ayrical-k CTORS	tutes, the above- nized by the corp tes.    13.	et signaturo recurre.  El AODRESS S1-7IP	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR Change	RS IN 12
1. Pursuant to or registere familiar with IGNATURE S  2. TIE AAME IRREIT ADDRESS ITY-ST-ZIP ITREET ADDRESS ITY-ST-ZIP	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	in change was author.  .0505, Florida Statul applicable  CTORS  DELETE	tutes, the above- nized by the corp tes.  13. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY-	ert signature recurre.  El AODRESS S1-ZIP  El AODRESS S1-ZIP	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
1. Pursuant to or registere familiar with IGNATURE S.  2. THE AAME IREET ADDRESS ITY-ST-ZIP THE FAME IREET ADDRESS ITY-ST-ZIP THE AAME AAME AAME AAME AAME AAME AAME AA	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	in change was author.  .0505, Florida Statul applicable  CTORS  DELETE	tutes, the above- nized by the corp tes.  13. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME	ert signature recurre.  El AODRESS S1-ZIP  El AODRESS S1-ZIP	of when rendaling)	urpose of o pointment DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
1. Pursuant to or registere familiar with IGNATURE s.  2. ILE AME IREET ADDRESS ITY-ST-ZIP ILE AME IREET ADDRESS	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author. .0505, Florida Statul applicable CTORS  ☐ DELETE  ☐ DELETE	tutes, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STREE 22 NAME 23 STREE 24 CITY- 3 TITLE 32 NAME 33 STREE 34 CITY-	EL ADDRESS S1-ZIP EL ADDRESS S1-ZIP EL ADDRESS S1-ZIP	of when rendering)	urpose of o pointment DATE	ND DIRECTOI Change Change Change	RS IN 12  Addition  Addition
1. Pursuant to or registere familiar with IGNATURE S.  2. ILE AAME IREET ADDRESS ITY-ST-ZIP ILE AAME	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	in change was author.  .0505, Florida Statul applicable  CTORS  DELETE	tutes, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
1. Pursuant to or registere familiar with IGNATURE S.  2. ILE AAME IREET ADDRESS ITY-ST-ZIP ILE ITY-ST-ZIP ILE IAAME	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author. .0505, Florida Statul applicable CTORS  ☐ DELETE  ☐ DELETE	tutes, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 42 NAME	ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP ET ADDRESS -S1-ZIP	of when rendering)	urpose of o pointment DATE	ND DIRECTOI Change Change Change	RS IN 12  Addition  Addition
I. Pursuant to or registere familiar with GNATURE S.  2. ILE MAME REET ADDRESS TY-ST-ZIP TUE AAME IREET ADDRESS THE THEET ADDRESS	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author. .0505, Florida Statul applicable CTORS  ☐ DELETE  ☐ DELETE	tutes, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STHEE 24 CITY- 3 1 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 42 NAME 43 STREE	ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS	of when rendering)	urpose of o pointment DATE	ND DIRECTOI Change Change Change	RS IN 12  Addition  Addition
I. Pursuant to or registere familiar with GNATURE S.  2.  ILE  MME  REET ADDRESS  IY-ST-ZIP  ILE  AMME  IREET ADDRESS  IY-ST-ZIP  ILE  AMME  IREET ADDRESS  ITY-ST-ZIP  ILE  AMME  IREET ADDRESS  ITY-ST-ZIP  ILE  ITY-ST-ZIP	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author. .0505, Florida Statul applicable CTORS  ☐ DELETE  ☐ DELETE	tutes, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 1 TITLE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 42 NAME	EL ADDRESS S1-ZIP	of when rendering)	urpose of o pointment DATE	ND DIRECTOI Change Change Change	RS IN 12  Addition  Addition
I. Pursuant to or registere familiar with GNATURE S.  2. ILE MANE REET ADDRESS TY-ST-ZIP THE AMME INSECT ADDRESS TY-ST-ZIP THE THE AMME INSECT ADDRESS TY-ST-ZIP THE THE TADDRESS TY-ST-ZIP THE TADDRESS TY-ZIP THE TADDRESS TY-ZIP THE TADDRESS TY-ZIP THE TADDRESS TY-ZIP THE	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author.  .0505, Florida Statul  applicable  CTORS  ☐ DELETE  ☐ DELETE  ☐ DELETE	tutes, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STHEE 24 CITY- 3 1 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 42 NAME 43 STREE 42 NAME 43 STREE	ET ADDRESS S1-ZIP ET ADDRESS	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
I. Pursuant to or registere familiar with GNATURE S.  2. ILE MANE REET ADDRESS TY-ST-ZIP THE AMME INSECT ADDRESS TY-ST-ZIP THE AMME AMME AMME AMME AMME AMME AMME AM	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author.  .0505, Florida Statul  applicable  CTORS  ☐ DELETE  ☐ DELETE  ☐ DELETE	Inote: Registered Age  13.  1.1 Title 12 NAME 13 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE 44 CITY- 4.1 TITLE 42 NAME 43 STREE 44 CITY- 51 TITLE 52 NAME	ET ADDRESS S1-ZIP ET ADDRESS	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
1. Pursuant to or registere familiar with IGNATURE S.  2. ILLE AAME IRLEET ADDRESS ITY-ST-ZIP TUE AAME IRREET ADDRESS ITY-ST-ZIP TUE AAME IRREET ADDRESS ITY-ST-ZIP TUE IRREET ADDRESS ITY-ST-ZIP TUE IRREET ADDRESS ITY-ST-ZIP ILLE IRREET ADDRESS ITREET ADDRESS	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	DELETE   DELETE   DELETE   DELETE	Intes, the above- inized by the corp tes.  13.  1.1 Title 12 NAME 13 STHEE 24 CITY- 31 TITLE 32 NAME 33 STREE 42 NAME 43 STREE 42 NAME 43 STREE 42 NAME 43 STREE 53 NAME 53 STREE 54 CITY-	ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
1. Pursuant to or registere familiar with IGNATURE S.  2. ILE AME IREET ADDRESS ITY-ST-ZIP TUE AME IREET ADDRESS ITY-ST-ZIP TUE AME IREET ADDRESS ITY-ST-ZIP TUE IREET ADDRESS ITY-ST-ZIP	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	n change was author.  .0505, Florida Statul  applicable  CTORS  ☐ DELETE  ☐ DELETE  ☐ DELETE	India Resident Age  13.  1.1 Title  1.2 NAME  1.3 STREE  2.4 CITY-  3.1 Title  2.2 NAME  3.3 STREE  2.4 CITY-  4.1 Title  4.2 NAME  4.3 STREE  4.4 CITY-  5.1 TITLE  5.2 NAME  5.3 STREE  6.1 TITLE  6	ET ADDRESS S1-7/P ET ADDRESS	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
1. Pursuant to or registere familiar with IGNATURE s. 2. ILE AAME IREET ADDRESS IIY-ST-ZIP	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	DELETE   DELETE   DELETE   DELETE	IUTES, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 TITLE 22 NAME 23 STREE 24 CITY- 3 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 42 NAME 43 STREE 44 CITY- 5 TITLE 52 NAME 53 STREE 54 CITY- 6 TITLE 62 NAME	ET ADDRESS S1-ZIP ET ADDRESS	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
1. Pursuant to or registere familiar with IGNATURE S.  2. ILE AAME IREET ADDRESS ITY-ST-ZIP TUE AAME IREET ADDRESS ITY-ST-ZIP TUE AAME IREET ADDRESS ITY-ST-ZIP TUE IREET ADDRESS ITY-ST-ZIP TUE IREET ADDRESS ITY-ST-ZIP IT	od agent, or bon, and accept  Signature, typed or p  FREEDM 11900 B	ith, in the State of Fi the obligations of, S writed name of registered a OFFICERS AN, SANFORD A SCAYNE BLVD	lorida, Such Section 607. agent and title if AND DIREC	DELETE   DELETE   DELETE   DELETE	IUTES, the above- nized by the corp tes.  13.  1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2 TITLE 22 NAME 23 STREE 24 CITY- 3 TITLE 32 NAME 33 STREE 34 CITY- 4.1 TITLE 42 NAME 43 STREE 44 CITY- 5 TITLE 52 NAME 53 STREE 54 CITY- 6 TITLE 62 NAME	ET ADDRESS S1-ZIP ET ADDRESS	of when rendering)	urpose of o pointment DATE	ND DIRECTOR Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

SIGNATURE: SIGNATURE AND TYPEO OR PRIME

F SIGNING OFFICER OR DIRECTOR

Daytme Phone #