

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000042594 (0)**

1. Corporation Name

SALDANO, INC.



Principal Place of Business

**3049 NE 163RD STREET
NO MIAMI FL 33160**

Mailing Address

**3049 NE 163RD STREET
NO MIAMI FL 33160**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**NANCY WHITE,
3049 NE 163 STREET
N. MIAMI BEACH FL 33160**

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

03/28/1995

4. FLE Number

65-0420629

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

10. Name and Address of New Registered Agent

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's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPS
SREDNI, ERWIN
3049 N.E. 163 STREET
N. MIAMI BEACH FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY- ST- ZIP ☐ Change ☐ Addition

5. CITY- ST- ZIP ☐ Change ☐ Addition

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29. CITY- ST- ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/96

(305) 9450405

CR2E034 (12/95)