FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300056559

1. Corporation Name

SANDTRUST OF MIAMI BEACH, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90009 001 ***150.00



	·									
Principal Place of Business Mailing Address							i (Oditădu sia interistriu anii ani	., 48:11 48:81 8	************	B1 8(7(8 1847 1881
7877 S.W. 105TH PLACE 7877 S.W. 10			N. 105TH PLACE							
MIAMI FL 33173 MIAMI FL 33173			173				DO NOT WRITE IN THIS SPACE			
	·						3. Date Incorporated or Qualifed		<u> </u>	
							08/11/1993			
2. Principal Place of Business 2a. Mailing Address			Address	- 1 A-1			4. FEI Number			Applied For
21	26	•				65-0521496		T i	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27	<u> </u>				5. Certicate of Status Desired		Fee	Required
City & Stat	e	City & S	City & State				6. Election Campaign Financing \$5.00 May Be			
23	-	28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Count	<u>ry</u>		8 This corporation owes the curr	e <u>nt year Inta</u>	ing <u>ib</u> le □ Yes	□No
24	25	29		30			Personal Property Tax. 10. Name and Address of New F	onletered /		
	9. Name and Address of Curre	ent Registered Ag	ent		11	Name	10. Name and Address of New F	registered)	(gent	
EDE	EDMAN, SANFORD A					1101110				
11900 BISCAYNE BLVD.				8	2	Street Addres	ss (P.O. Box Number is Not Accepta	ıble)		
STE.780				83			•		 -	
	TH MIAMI FL 33181			ľ	"					
MORTH MIMMITE 33101				8	4	City		FL	85 Zij	p Code
		00 507 4500	Elorido Stotuto	a the abo		named corner	ration submits this statement for the		changing i	its registered
office or r	paietared agent or both in the Stat	e of Florida Such (change was au	ithorized C	งงเก	ne corporation	's board of directors. I hereby accep	t the appoin	tment as	registered
agent. I a	m familiar with, and accept the oblig	jations of, Section	607.0505, Flor	ida Statute	es.					
SIGNATURE	Signature, typed or printed name of registered a	ant and title if applicable	(NOTE:	Registered &	nent s	signature required v	when reiostating)	DATE	-	i
12,		ND DIRECTORS	(1012.	13.	20171	Jighta o Toquiro	ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	TORS IN 12
TITLE	-PD		☐ DELETE	1.1 TITLE	<u> </u>				☐ Chang	
NAME	SERVAN, CAROLE E			1.2 NAM	E	ľ				
STREET ADDRESS				1.3 STRE	ETA	DORESS	,			
CITY-ST-ZIP	MIAMI FL			1.4 CITY	-ST-2	ZIP		•		
TITLE	ST DE			2.1 TITLE					☐ Chang	e
NAME	BIERI, WILLY O		2.2 NAME						. 1	
STREET ADORESS	7877 S.W. 105TH PLACE			2.3 STRE	EETA	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173			2. 4 CITY	/-ST-	-ZIP				
TITLE	,		☐ DELETE	3.1 TITLE					Chang	e
NAME				3.2 NAM	E					ł
STREET ADDRESS				3.3 STRE	EETA	NODRESS				l
CITY-ST-ZIP				3.4. CITY	/- ST-	ZIP				
TITLE			☐ DELETE	4.1 TITLE				,	Chang	e
NÃÃE - 1	- #		-	4. 2 NAM	1E ~	-2	علیت میشند که میشند بید <u>ت</u>	* =	* ***	-
STREET ADDRESS			•	4.3 STRE	EETA	ODRESS	•			}
CITY-ST-ZIP				4,4 CITY		ZIP	<u> </u>			- C+199
TITLE			☐ DELETE	5.1 TITL					Chang	je 🗌 Addition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CITY		ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>			
TITLE			☐ DELETE	6.1 TITLE					Chang	je 🗌 Addition
NAME				6.2 NAM						1
ATOFFT 40000000	(6.3 STRI	EET A	ADDRESS				ļ

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: