

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074425 (8)**

1. Corporation Name
S.A.F.I. LTD., INC.

Principal Place of Business Mailing Address
16330 GULF BLVD #303 REDINGTON BEACH FL 33708 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/15/1993** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 **8534 MERRIMOR BLVD** 26 **8534 MERRIMOR BLVD**

4. FEI Number **59-3207049** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **LARGO FL** 28 **LARGO FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 **34647** 25 **USA** 29 **34647** 30 **USA**

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
**MEIDEMAN, GERALD
16330 GULF BLVD #303
REDINGTON BEACH FL 33708**

10. Name and Address of New Registered Agent
81 Name **LUPE FERNANDEZ**
82 Street Address (P.O. Box Number is Not Acceptable) **8534 MERRIMOR BLVD**
83
84 City **LARGO FL** 85 Zip Code **34647**

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 607.0509, Florida Statutes.

SIGNATURE *Lupe Fernandez* DATE **4/12/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MEIDEMAN, GERALD
STREET ADDRESS	4763 CENTRAL AVE
CITY - ST - ZIP	ST PETERSBURG FL 33713
TITLE	TD
NAME	FUCCI, CESAR
STREET ADDRESS	7531 CUMBERLAND RD. #17
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LUPE FERNANDEZ	
1.3 STREET ADDRESS	8534 MERRIMOR BLVD	
1.4 CITY - ST - ZIP	LARGO FL 34647	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Lupe Fernandez* **LUPE FERNANDEZ** 3/13/95 813 392 8030