

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000087041 (8)

1. Corporation Name  
SANDERS CONSULTANTS, INC.



Principal Place of Business  
2333 BRICKELL AVE.  
TERRACE F  
MIAMI FL 33129

Mailing Address  
2333 BRICKELL AVE.  
TERRACE F  
MIAMI FL 33129-2435

3. Date Incorporated or Qualified  
01/03/1994

3a. Date of Last Report  
02/05/1996

4. FEI Number  
65-0456461

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

2. Principal Place of Business  
21 Suite Apt # etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

DOBIN, DAVID M ESQ.  
4555 ADAMS AVE.  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ASTACIO, PATRICIA S                 | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2333 BRICKELL AVE., TERRACE F       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI FL 33129                      | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | DST <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANDERS, EVELYN                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2333 BRICKELL AVE., TERRACE F       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI FL 33129                      | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DOBIN, DAVID M                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4555 ADAMS AVE.                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI BEACH FL 33140                | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                     | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                     | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                     | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do 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 on an attachment with an address.

SIGNATURE: *Patricia S. Astacio* 8/6/97 854 4173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patricia S. Astacio, President  
Date Daytime Phone #

CR2E034 (9/96)