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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000018847 (1)
1. Corporation Name

SAN-MAC, INC.

Principal Place of Business 299-NE-191-Street Suite-900 Aventura, Fl-33180	Mailing Address 299-NE-191-Street Suite-900- Aventura, Fl-33180
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3. Date Incorporated or Qualified **03/10/1994** 3a. Date of Last Report **04/30/1996**

2. Principal Place of Business 21 2999 NE 191 Street Suite, Apt. #, etc. 22 Suite 900 City & State 23 Aventura, Fl Zip 24 33180 Country 25 USA	2a. Mailing Address 26 2999 NE 191 Street Suite, Apt. #, etc. 27 Suite 900 City & State 28 Aventura, Fl Zip 29 33180 Country 30 USA
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4. FEI Number **65-0082550** 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

9. Name and Address of Current Registered Agent

**Hochshtein, Fred
299-NE-191-Street-
Aventura, Fl-33180-**

10. Name and Address of New Registered Agent

81 Name Fred Hochshtein
82 Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 Street
83 Suite 900
84 City Aventura 85 FL 86 33180

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 *Fred Hochshtein* *Fred Hochshtein* *4/24/97*
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP Best, David 2999-NE-191-Street-Suite-900- Aventura, Fl-33180	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPST-- Maclean, Sandra- 299-NE-191-Street, Suite-900 Aventura, Fl-33180-	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	DPST Sandra MacLean 50 E. Dania Beach Blvd. Dania, Fl. 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 included 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: *Sandra MacLean* **Sandra MacLean, President 4/24/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)