

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000024779 (8)

1. Corporation Name

SARMAT INVESTMENT CORPORATION

FILED
95 JAN 25 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19723 SW 119TH COURT
MIAMI FL 33177

Mailing Address

19723 SW 119TH COURT
MIAMI FL 33177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 1308 N. Krome Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Homestead

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Florida

City & State

28 City & State

Zip

24 33030

Country

25 Country

Zip

29 Zip

Country

30 Country

4. FEI Number

65-0475911

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

10. Name and Address of New Registered Agent

MATURA, HIMENDRA C
19723 SW 119TH COURT
MIAMI FL 33177

81 Name

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

83

84 City

FL

85

Zip Code

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 signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MATURA, HIMENDRA C
STREET ADDRESS 19723 SW 119TH COURT
CITY-ST-ZIP MIAMI FL 33177

TITLE VD
NAME MATURA, SAVITRI
STREET ADDRESS 19723 SW 119TH COURT
CITY-ST-ZIP MIAMI FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Himendra C. G. Matura
Himendra C. G. Matura

1-10-95 (305) 248-5209