PROFIT CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

DOCUMENT # P94000058907 (4)

1. Corporation Name
SANKA, INC.

FILED
95 JUL 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20401 N.W. 2ND AVENUE SUITE 206 MIAMI FL 33169	20401 N.W. 2ND AVENUE SUITE 206 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report:

2. Principal Place of Business 21 9702 S.W 111 TER	2a. Mailing Address 26 9702 S.W 111 TER	4. FEI Number: 65-0513929	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 MIAMI FL.	City & State 28 MIAMI FL. 33176	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33176 / County 25 USA	Zip 29 / County 30 USA.	8. This corporation has paid 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
WILLIAMS, GILWYN 20401 N.W. 2ND AVENUE SUITE 206 MIAMI FL 33169	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, GILWYN	1.2 NAME	
STREET ADDRESS	9720 S.W. 111ST TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, TONYA	2.2 NAME	
STREET ADDRESS	9720 S.W. 111ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BURGER, CLAUDIA	3.2 NAME	
STREET ADDRESS	3020 N.W. 165TH ST.	3.3. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, YANNICK	4.2 NAME	
STREET ADDRESS	9720 S.W. 111TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Gilwyn Williams Gilwyn R. Williams 7/5/95 305 596 3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000007 CP