| PROFIT CORPORATIC ANNUAL REPO 1996 | ORT | Sandr Secre DIVISION O | PARTMENT OF STATE ra B. Mortham retary of State DF CORPORATIONS | |
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| OCUMENT Corporation Name SABRI INVESTM | # P94000 | 064955 (5 N | 5) | |
| incipa' Place of Business 1800 WEST FLAGLER STR SUITE 209 MIAMI FL 33134 | | Mailing Address 4000 WEST FLAGLER SUITE 209 MIAMI FL 33134 | ł STREET | 3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1994 05/01/1995 |
| Principal Place of Busines | - | 2a. Mailing Address | | 4. FEI Number Applied For |
| Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | <u></u> | 65-0517775 Not Applicable 5. Certificate of Status Desired \$8.75 Additional |
| City & State | | 27 City & State | | Fee Required |
| Zφ T | Country | 28 | ······································ | Trust Fund Contribution Added to Fees |
| | 25 | 2ip 29 | Country 30 | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No |
| 9. Name a | and Address of Current Re | | 81 Name | 10. Name and Address of New Registered Agent |
| 4800 WEST FLAGLE Suite 209 Miami FL 33134 | er street | | 83 | ress (P.O. Box Number is Not Acceptable) |
| SUITE 209 MIAMI FL 33134 Parsuant to the provision or registered agent, or b familiar with, and accept | ns of Sections 607 0502 and potiti, in the State of Florida. S t the obligations of, Section 6 | 607.0505, Florida Statutes | 83 84 City Ites, the above named corpor ized by the corporation's boar is. | FL 85 Zip Code ration submits this statement for the purpose of changing its registered office rd of directors. I hereby accept the appointment as registered agent. I am |
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