

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
C. Allen B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000006673 (4)**

1. Corporation Name
SARDINAS & SONS, INC.



Principal Place of Business
**5990 SW 2ND STREET
MIAMI FL 33144**

Mailing Address
**5990 SW 2ND STREET
MIAMI FL 33144**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

g. Name and Address of Current Registered Agent

**SARDINAS, ENRIQUE
5990 SW 2ND STREET
MIAMI FL 33144**

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

3. Date first incorporated or qualified
01/25/1995

3a. Date of Last Report
Applied For Not Application
\$8.75 Additional Fee Required

4. FEI Number
65-0591589

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for filing fee for orders 199-052 Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.07 and 607.08, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent, or both, in the State of Florida, as shown hereon, was authorized by the corporation's board of directors, members, or sole proprietor, and that it has appointed and accepted the appointment of the registered agent shown hereon.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/>	13. 11101
NAME	SARDINAS, ENRIQUE	<input type="checkbox"/>	13170
STREET ADDRESS	5990 SW 2ND STREET	<input type="checkbox"/>	13500 SW 2ND
CITY, ST, ZIP	MIAMI FL 33144	<input type="checkbox"/>	21000
TITLE		<input type="checkbox"/>	21000
NAME		<input type="checkbox"/>	21000
STREET ADDRESS		<input type="checkbox"/>	21000 SW 2ND
CITY, ST, ZIP		<input type="checkbox"/>	33144
TITLE		<input type="checkbox"/>	33144
NAME		<input type="checkbox"/>	33144
STREET ADDRESS		<input type="checkbox"/>	33144
CITY, ST, ZIP		<input type="checkbox"/>	33144
TITLE		<input type="checkbox"/>	33144
NAME		<input type="checkbox"/>	33144
STREET ADDRESS		<input type="checkbox"/>	33144
CITY, ST, ZIP		<input type="checkbox"/>	33144
TITLE		<input type="checkbox"/>	33144
NAME		<input type="checkbox"/>	33144
STREET ADDRESS		<input type="checkbox"/>	33144
CITY, ST, ZIP		<input type="checkbox"/>	33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

900001771629
-04/08/96--01017--019
*****200.00**

Change Addition

14. I, the undersigned, hereby certify that the information supplied herein is true and correct, and that I am duly qualified to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director of the corporation.

SIGNATURE: *Sardinas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96
305
380-6469

CR2E034 (12/95)
4-5-96