

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am  
Secretary of State

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

DOCUMENT # **P 950000 25025**  
1. Corporation Name  
**SAINZ, INC.**

Principal Place of Business      Mailing Address  
**2885 SAND CASTLE LANE      2885 SAND CASTLE LANE**  
**ATLANTIC BEACH, FL 32233      ATLANTIC BEACH, FL 32233**

2. Principal Place of Business      2a. Mailing Address  
21 **2057 LAS BRISAS COURT**      26 **2057 LAS BRISAS COURT**  
State, Apt. #, etc.      Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 **JACKSONVILLE, FL**      28 **JACKSONVILLE, FL**  
Zip      Country      Zip      Country  
24 **32224**      25 **USA**      29 **32224**      30 **USA**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**3-27-95**      **4-16-96**

4. FEI Number      Applied For  
**59-3305811**      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  
**ARMANDO A. SAINZ**  
**2885 SAND CASTLE LANE**  
**ATLANTIC BEACH, FL 32233**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2057 LAS BRISAS COURT**  
83  
84 City      State      85 Zip Code  
**JACKSONVILLE      FL      32224**

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      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS

TITLE      NAME      STREET ADDRESS      CITY-STATE-ZIP

DELETE       DELETE       DELETE       DELETE

**P**      **ARMANDO A. SAINZ**      **2885 SAND CASTLE LANE**      **ATLANTIC BEACH, FL 32233**

**V/D**      **STEPHANIE M. SAINZ**      **2885 SAND CASTLE LANE**      **ATLANTIC BEACH, FL 32233**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change       Addition

11 TITLE      12 NAME      13 STREET ADDRESS      14 CITY-ST-ZIP

**2057 LAS BRISAS COURT**      **JACKSONVILLE, FL 32224**

21 TITLE      22 NAME      23 STREET ADDRESS      24 CITY-ST-ZIP

**2057 LAS BRISAS COURT**      **JACKSONVILLE, FL 32224**

31 TITLE      32 NAME      33 STREET ADDRESS      34 CITY-ST-ZIP

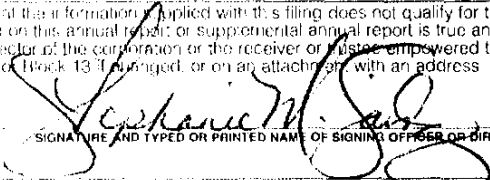
41 TITLE      42 NAME      43 STREET ADDRESS      44 CITY-ST-ZIP

51 TITLE      52 NAME      53 STREET ADDRESS      54 CITY-ST-ZIP

61 TITLE      62 NAME      63 STREET ADDRESS      64 CITY-ST-ZIP

**000002148490**  
**-04/21/97--01018--006**  
**\*\*\*165.00**

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(f), 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 of this filing, or on an attachment, with an address.

SIGNATURE:       **STEPHANIE M. SAINZ**      **4-15-97**      **(904)220-8165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)