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

CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077336 (2)

SANZ HOLDING CORPORATION

97 OCT -2 PI 12: 01 SECKE WARY OF STATE TALL AHASSEE FLORIDA

Principal Place of Business Mailing Address  Moavid R. Sanz  1601 W. CYPRESS CREEK RD.  FT. LAUDERDALE FL 33309-1864  Mailing Address  Moavid R. Sanz  1601 W. CYPRESS CREEK RD.  FT. LAUDERDALE FL 33309-1864						
US		US			3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 03/25/1996
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 65-0649816	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State	<del></del>		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country Zip		Country		Trust Fund Contribution     This corporation has liability for its	Added to Fees
24	25	29	nd		Florida Statutes Yes No	
	9. Name and Address of Current	Registered Agent		T .:	10. Name and Address of New Reg	gistered Agent
	NZ, DAVID R		81	Name		
1901 W CYPRESS CREEK RD 801 BRICKELL AVENUE, SUIE 1501			82	82 Street Address (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33309		83			
			84	City		FL 85 Zip Code
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: flegistered Agent signature required whom reinstalling)  DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	0	<b>Y</b> DELETE	1.1 TITLE			Change Addition
NAME	LOZOFF, MICHAEL D				1 (0)(0)(0)(0)(0)	100516
STREET ADDRESS % 801 BRICKELL AVENUE, SUITE 1501			1.3 STREET	ADDRESS	-10/06/9	132516   8701168007
CITY-ST-ZIP	MIAMI FL 33131	T OFFITE	1.4 CiTY - S	1 - ZIP		.00 Property 65-00 inion
TITLE	D CANT DAVID	☐ DELETE	2.1 TO LE	1		· · · · · · · · · · · · · · · · · · ·
NAME	SANZ, DAVID 1901 W CYPRESS CREEK RD		2.2 NAME	1000000	1000023	132516 701168008
STREET ADDRESS	FT LAUDERDALE FL 33309		2 3 STREET		-10/06/9	1701168008
CITY-ST-ZIP	TT DAUDLIDALE TE 30008	DELETE	2. 4 CHTY - : 3.1 TITLE	S1 - ZIP	<del></del>	.00 ****385.00 Change Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		ł
CITY-ST-ZIP			3 4. CITY-	ì		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	- 1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY-S	T-ZIP		
TITLE		☐ DELETE	5.1 T(1LF	Ţ		☐ Change ☐ Addition
NAME			5.2 NAME	}		
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		
TITLE	,	☐ DELETE	6.1 TITLE		2	Change Addition
NAME	<b>)</b>		G.2 NAME		$(\mathcal{N}_{n})$	
STREET ADDRESS			6.3 STREET	ADDRESS	1 MV	}
CITY-ST-ZIP	ny cortifu that the inferentian evention	with this filles does	6.4 CITY-S		Lin Section 110 07/3Vi) Florida Statutos	Lituthor cortile that the

I do hereby certify that the information supplied with this filling 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 or an address.

0/11/41