FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000078279 (3)**

1. Corporation Name

SANA CORPORATION

Principal Place of Business	Mailing Address
1800 S.W. 1ST STREET SUITE 318 MIAMI FL 33135	1800 S.W. 1ST STREET SUITE 318 MIAMI FL 33135

3. Date Incorporated or Qualified: 10/11/1995
3a. Date of Last Report: 10/11/95

2. Principal Place of Business (21):
2a. Mailing Address (26): 1800 S.W. 1ST St.
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): SUITE 312
City & State (23):
City & State (28): MIAMI, FL
Zip (24): Country (25):
Zip (29): 33135 Country (30): DADE

4. FEI Number: 65-0616450 ☐ Applied For ☐ 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

NODARSE, HUMBERTO
1800 S.W. 1ST STREET
SUITE 318
MIAMI FL 33135

10. Name and Address of New Registered Agent

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: X Humberto Nodarse Humberto Nodarse Registered Agent DATE
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NODARSE, HUMBERTO 1800 S.W. 1ST ST. SUITE 318 MIAMI FL 33135	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OTERO, MARTHA 1800 S.W. 1ST ST. SUITE 318 MIAMI FL 33135	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP PABLO MACHADO 1800 S.W 1ST SUITE 318 MIAMI FL 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EMILIO, HUMBERTO L 1800 S.W. 1ST ST. SUITE 318 MIAMI FL 33135	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD HUMBERTO L. FONTANA 1800 S.W. 1ST SUITE 318 MIAMI FL 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S. OSMEL FARINAS 1800 S.W. 1ST SUITE 318 MIAMI FL 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D. EDWARDO FERNANDEZ 1800 S.W. 1ST SUITE 318 MIAMI FL 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: X Humberto Nodarse Humberto Nodarse - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)