

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071774 (9)

SAN & ASSOCIATES, INC.

Principal Place of Business Mailing Address 11801 SW 16TH STREET 11801 SW 16TH STREET 36. MIAMI FL 33175-1601 MIAMI FL 33175 3. Date Incorporated or Qualified 3a. Date of Last Report 08/26/1996 4. FEI Number 65-0723991 2. Principal Prace of Business 2a. Mailing Address Applied For 13221 9.W. 27 LANG 27 LAMP 13221 4.00. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 Cily & State 6. Election Campaign Financing \$5.00 May Be FLORIDA FLORIDA MIAMI Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, BOADE DAVE 33175 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent "GOLLERMO R' 9410EDO BUSTILLO, GUILLERMO S 11801 SW 16TH STREET 82 **MIAMI FL 33175** 83 84 City M MMI 11. Pursuant to the provisions of Sections 607.0507 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, is the State of Floridal 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change **BUSTILLO, GUILLERMO S** NAME 1.2 NAME GALCEDO, GOILLERMO R. 11801 SW 16TH STREET 1.3 STREET ADDRESS 13221 5.W. 27 LANE MIGHT, FL 33175 STREET ADDRESS MIAMI FL 33175 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THEF BOLANOY, GUYTANO A

96/6 OSORIO, GUSTAVO B NAME 2.2 NAME 11801 S.W. 16 steet MIAM, FC 33175 11801 SW 16TH STREET 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33175 ():4 - \$1 - 71-1 2.4 CITY-ST-ZIP Change Addition DELETE 31 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST ZIP DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME STREET ACIDRESS 4.3 STREET ADDRESS 4.4 City-ST-ZIP CHY - 51 - 70° DELETE Change Addition TIME 5.1 TITLE 5.2 NAME NAM 5.3 STREET ADDRESS STREET ADDRESS CHY-St ZE 5.4 CITY - ST - ZIP DECETE Addition 6.1 TITLE DILLE NAME 6.2 NAME STREET LADDRESS **63 STREET ADDRESS**

14. I do hereby certify that the information sumplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information endicated on this partical 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 have an officer or director of the corporation or the receiver or trustee employeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of Block 13 if changed, or an an attechment with an addless.

04-29-97 (305)2284941

FILED

May 07 1997 8:00am

Secretary of State