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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

May 11 1998 8:00am

ANNUAL REPORT 1998			Secretary of State  DIVISION OF CORPORATIONS			Secretary	of State
	1998	Com To	DIVISION OF C				or state
DOCUI 1. Corporation	MENT # P96	80000806	29 (4)				
SARAFI	INA, INC.						
							<b>i</b> (ii <b>i b</b> iii biiii biii bii bii bii
Principal Place	e of Business	Mailing A	Address		·		
640 E. OCEAN AVENUE		640 E. C	640 E. OCEAN AVENUE				
SUITE 11 BOYNTON BEACH FL		SUITE 11 BOYNTON BEACH FL				DO NOT WRITE IN THE	S SPACE
DOTRION DE	non it	BOTHIO	M DEACH FE			3. Date Incorporated or Qualified	
6 Primeled D	loop of Dunings	10. 14.	- Add			09/30/1996	· · · · · · · · · · · · · · · · · · ·
21	lace of Business	26. Wallin	ng Address			4. FEI Number 59-34318C	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State	9	<u>├</u> —-¬ ´	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the c	
24	25	29		30		Personal Property Tax due June 30.	Yes No
* DA	9, Name and Address o	I Current Hegistered i	Agent	81	Name	10. Name and Address of New Registered	7 Agent
	JAR, SARA A 3 S.E. 7TH AVE					(D.C. C. Museline (a Mar. Assessments)	
	LRAY BEACH FL 33483			82	Street Addi	ress (P.O. Box Number is Not Acceptable)	
•				83			•
				84	City	F	85 Zip Code
11. Pursuant 1	to the provisions of Sections	607.0502 and 607.160	8, Florida Statute	os, the above	l e-named corp		of changing its registered
office or re agent. I a	egi <b>stered</b> agent, or both, in t m familiar with and accept t	the State of Floriels. Suc he obligations of Section	ch change was a on 607.0505, Flo	iuthorized by rida Statute	y the corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	ppointment as registered
SIGNATURE	- Sara	(X Day	Lower			411	1///
12.	Signature, lypton or conted name of re-					1/0	41148
TITLE	OFFIC	ERS AND DIRECTORS	<del></del>	Registered Age	ent signature requir	red when reinstating) OATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
IIILE	OFFIC <b>P</b>	ERS AND DIRECTORS	<del></del>		ent signature requir	red when re-instating) OATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
NAME	P Bajar, sara a		7	13. 1.1 TITLE 1.2 NAME			
NAME STREET ADDRESS	P Bajar, Sara a 126 s.e. 7th avenue		7	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		
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I mereuy certify that the information supplied with this filing 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 trusted improved 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.