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

PROFIT CORPORATION ANNUAL REPORT

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

FILED
01 JUN 29 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000058487

1. Corporation Name
SARDINA REPRODUCTION SERVICES COMPANY

Principal Place of Business / Mailing Address
3729 SW 8TH ST #105-106
CORAL GABLES, FL 33134

5/22/01 90038023 $150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07-02-1997

4. FEI Number: 65-0415253 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 3729 SW 8 ST 105-106
22 Suite, Apt. #, etc
23 City & State: CORAL GABLES,
24 Zip: 33134
25 Country: MIAMI-DADE

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
MARIA J. SARDINA
3729 SW 8 ST #105-106
CORAL GABLES, FL 33134.

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) LS
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: Maria Sardina
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	P/D	☐ DELETE
NAME	JOSE L. SARDINA	
STREET ADDRESS	3729 SW 8 ST #105-106	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S/T/D	☐ DELETE
NAME	MARIA J. SARDINA	
STREET ADDRESS	3729 SW 8TH ST #105-106	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VP/D	☐ DELETE
NAME	JORGE L. SARDINA	
STREET ADDRESS	3729 SW 8TH #105-106	
CITY-ST-ZIP	MIAMI FL 3314	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I hereby 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 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: [signature] JOSE L. SARDINA 305-774-0062
Signature and typed or printed name of signing officer or director
Date 6-25-01