

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90062 021 ***158.75

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DOCUMENT # P98000019218

1. Corporation Name

SARDEGNA LITTLE PARTNERS, INC.

Principal Place of Business

2955 RUTH STREET
MIAMI FL 33133

Mailing Address

2955 RUTH STREET
MIAMI FL 33133

2. Principal Place of Business

21 3036-A MATILDA ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 3036-A MATILDA ST.
Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA
Zip Country

24 33133 25 U.S.A.

City & State

28 MIAMI, FLORIDA
Zip Country

29 33133 30 U.S.A.

9. Name and Address of Current Registered Agent

TAYLOR, GREGORY B ESQ
GELCH & TAYLOR, P.A.
8751 WEST BROWARD BLVD., SUITE 408
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1998

4. FEI Number

65-0817910

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

X

No

10. Name and Address of New Registered Agent

81 Name

MARK SARDEGNA

82 Street Address (P.O. Box Number is Not Acceptable)

2955 RUTH STREET

83 City

MIAMI, FLORIDA

84 State

FL

85 Zip Code

33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.12.99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DUCHARME, JANET
STREET ADDRESS 2955 RUTH STREET
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME SARDEGNA, MARK
STREET ADDRESS 2955 RUTH STREET
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME LITTLE, DANA
STREET ADDRESS 2955 RUTH STREET
CITY-ST-ZIP MIAMI FL 33133

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3.12.99

Date

305-529-889

Daytime Phone #

CR2E034 (11/98)