

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000020242

1. Corporation Name

SAJIN BROTHERS IMPORT AND EXPORT, INC.

Principal Place of Business

1908 FUNSTON STREET
HOLLYWOOD FL 33020

Mailing Address

1908 FUNSTON STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

21 400 N. E. 12TH AVE. #307

2a. Mailing Address

26 400 N. E. 12TH AVE.

Suite, Apt. #, etc.

22 HALLANDALE, FL

27 Suite, Apt. #, etc.

27 Apt. #307

City & State

23

28 City & State

28 HALLANDALE, FL

Zip

24 33009

Country

25 U.S.A

Zip

29 33009

Country

30 U.S.A

9. Name and Address of Current Registered Agent

SAJIN, PETRU
1908 FUNSTON STREET 400 N.E. 12TH AVE. #307
HOLLYWOOD FL 33020 HALLANDALE, FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJIN, PETRU		1.2 NAME	
STREET ADDRESS	1908 FUNSTON ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJIN, ROMEO A		2.2 NAME	
STREET ADDRESS	DEMUSANU #9		2.3 STREET ADDRESS	
CITY-ST-ZIP	DEVA ZIP 2700 ROMANIA		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJIN, MIRCEA		3.2 NAME	
STREET ADDRESS	DEMUSANU #9		3.3 STREET ADDRESS	
CITY-ST-ZIP	DEVA ZIP 2700 ROMANIA		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: *Petru J. Sajin* Signature REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/99

Daytime Phone #

CR2E034 (5/99)