

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).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90002 005 ***550.00

| | | |
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| 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 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

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 the current year Intangible Personal Property.

☐ Yes ☒ No

| | | | |
|--|----------------------------|---|----------------------------|
| 2. Principal Place of Business 21 400 N.E. 12th AVE. #307 Suite, Apt. #, etc. 22 HALLANDALE, FL City & State 23 Zip 24 33009 | Country 25 U.S.A | 2a. Mailing Address 26 400 N.E. 12th AVE. Suite, Apt. #, etc. 27 APT. #307 City & State 28 HALLANDALE, FL Zip 29 33009 | Country 30 U.S.A |
|--|----------------------------|---|----------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 | SAJI, 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 | DEMSUSANU #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 | DEMSUSANU #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:

SIGNATURE REQUIRED

9/14/99

Date

Daytime Phone #

CR2E034 (5/99)