

NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S85616 (8)

1. Corporation Name
SAO2 INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10067 SW 223 ST
MIAMI FL 33190**

Mailing Address
**10067 SW 223 ST
MIAMI FL 33191
US**

3. Date Incorporated or Qualified
10/07/1991

3a. Date of Last Report
04/20/1994

4. FEI Number
65-0280839

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **7920 NW 66 St.**

2a. Mailing Address
26 **7920 NW 66 St.**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 **MIAMI FLA.**

City & State
28 **MIAMI FLA.**

Zip
24 **33166**

Country
25 **USA**

Zip
29 **33166**

Country
30 **USA**

9. Name and Address of Current Registered Agent

**MUNOZ, RUBEN
10067 SW 223 ST
MIAMI FL 33190**

10. Name and Address of New Registered Agent

81 Name **MUNOZ, RUBEN**

82 Street Address (P.O. Box Number is Not Acceptable) **5101 COLLINS AVE. #609**

83

84 City **MIAMI**

85 Zip Code **33166**

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 reconstituting

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME
NAME	P MUNOZ, RUBEN
STREET ADDRESS	33190
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

R. MUNOZ

RUBEN MUNOZ

3/2/95

(305) 866-1477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number