

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S96325 (3)**

1. Corporation Name  
**SANCHO INVESTMENTS OF FLORIDA, INC.**



Principal Place of Business: **520 BRICKELL KEY DR. SUITE 0-305 MIAMI FL 33131**  
Mailing Address: **520 BRICKELL KEY DR. SUITE 0-305 MIAMI FL 33131**

3. Date Incorporated or Qualified: **11/25/1991** 3a. Date of Last Report: **03/23/1995**  
4. FEI Number: **65-0302208** 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: **501 Brickell Key Drive** Suite, Apt. #, etc.: **Suite 400** City & State: **Miami, Florida** Zip: **33131** Country: **U.S.A.**  
2a. Mailing Address: **501 Brickell Key Drive** Suite, Apt. #, etc.: **Suite 400** City & State: **Miami, Florida** Zip: **33131** Country: **U.S.A.**

9. Name and Address of Current Registered Agent

**SLOSBERGAS, NELSON  
520 BRICKELL KEY DR.  
SUITE 0-305  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: **SLOSBERGAS, NELSON**  
82 Street Address (P.O. Box Number is Not Acceptable): **501 Brickell Key Drive**  
83 Suite: **Suite 400**  
84 City: **Miami** FL 85 Zip Code: **33131**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEIBOVICIUS, JACOB</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SLOSBERGAS, NELSON</b>	
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LEIBOVICIUS, JACOB</b>	
1.3 STREET ADDRESS	<b>501 Brickell Key Drive, Suite 400</b>	
1.4 CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

*Jacob Lebovicius*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jacob Lebovicius (305) 374-0030**  
Last Name First Name Phone #

CR2E034 (12/95)