

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V05406 (6)

1. Corporation Name

SANDOR ENTERPRISES, INC.

FILED

95 JUL 28 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6375 JACK RABBIT LN
MIAMI FL 33014
US

Mailing Address

6375 JACK RABBIT LANE
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0306481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contributions

☐

\$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 3418 NORTH OCEAN BLVD

2a. Mailing Address

26 3418 NORTH OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FORT LAUDERDALE, FL

City & State

28 FORT LAUDERDALE, FL

Zip

24 33308

Country

25 U.S.A.

Zip

29 33308

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DORFSMAN, ARI
6375 JACK RABBIT LANE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

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 Agent or principal officer of registered agent and their application

(NOT: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
D
DORFSMAN, ARI
6375 JACK RABBIT LANE
MIAMI LAKES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐

Change

☐

Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐

Change

☐

Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARI D. DORFSMAN

7/24/95

(305) 568-6285