FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(1)

SANTORO, INC.

FILED	
Apr 24 1998 8:00am	1
Secretary of State	

|--|--|

Principal Place	e of Business	Mailing Address		T 1684 BIEDIS (1018 DIVIN 11043 BIIN) DIVIN DIVI	
3049 NE 163		3049 NE 163 ST			
	II BEACH FL 33160	NORTH MIAMI BEACH F	L 33160	D. O. LAGT. LADITY IN THE ODA OF	
-				DO NOT WRITE IN THIS SPACE	\neg
				3. Date incorporated or Qualified .	
* * * * * * * * * * * * * * * * * * *	land of Durings	2a. Mailing Address		04/03/1992 4. FEI Number Applied For	
	lace of Business	⊢¬			
Sulte, Apt.	# ato	Suite, Apt. #, etc.		CQ 75 Additional	-
	#, BIC.	27		5. Certificate of Status Desired Fee Required	'
City & State	A	City & State		6. Election Campaign Financing \$5.00 May Be	一
23	~	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	\neg
24	25	29	30	Personal Property Tax due June 30. Yes No	
<u></u>	9. Name and Address of Curre		100	10. Name and Address of New Registered Agent	
WI	IITE, NANCY		81 Name	1 - T VI - NHU	
	49 N.E. 163 ST.		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	MIAMI BCH. FL 33160		" 3""%	NE 168 th Street	
,,,,	Myani Botti i E 00100		83		
			84 City 1 1	es Zio Codo	
			84 City N	orth Miani Beach FL 18 33162)
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the above-named of	corporation submits this statement for the purpose of changing its register	red
n Miccorr	registered agent, or both, in the Sta rm familiar with, and accept the obl	ito of Florida, Such change was	authorized by the corb	oration's board of directors. Thereby accept the appointment as registers	ю
l.	William William Georgy the Gol	Transis or, broton cor soco, in	onda diatatas.	3/12/91	
SIGNATURE	Signature, typed or printed name of registered a	agent and tille it applicable. (NO	1E Registered Agent signature	equired when reinslating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1,1 TITLE	Change ☐ Add	ition
NAME	SREDNI, ISAAC		1.2 NAME	name NE 191 Stroit PH-1	
STREET ADDRESS	3049 NE 163 ST		1.3 STREET ADDRESS	JUMPERMY Plaza	
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	Aventura Fl 33180	
TITLE	VP	DELETE	2.1 TITLE	Change Add	lition
NAME	SREDNI, MIRIAM		2.2 NAME	2875 NE 191 Street PH-1	
STREET ADDRESS	3049 NE 163 ST		2 3 STREET AODRESS	Tirchecry Plaza	
CITY-ST-ZIP	N. MIAMI BEACH FL.		2.4 CITY-ST-ZIP	Aventura, Fl 33180	
TITLE		☐ DEL ET E	3.1 TITLE	Change Add	ition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ŀ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		1741
TITLE		☐ DELETE	4.1 TITLE	Change Add	HILDU
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		-
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change Add	lition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 DITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Add	lition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 210		
14 Lhereby	certify that the information supplied	with this simp does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informa-	tion

I hereby certify that the information supplied with this ling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutés. Furfiner certify that the information indicated on this annual report or supplemental artifuely 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 reports of trusted 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 algorithm with an address.