

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:20

DOCUMENT # F13792

(9)

1. Corporation Name
SABRINA, INC.

Principal Place of Business
**285 AIRPORT OFFICE PARK
3485 N DESERT DR. STE 106. BLDG #2
EAST POINT GA 30344**

Mailing Address
**285 AIRPORT OFFICE PARK
3485 N DESERT DR. STE 106. BLDG #2
EAST POINT GA 30344**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/07/1981** 3a. Date of Last Report **03/24/1994**

4. FEI Number **59-2064047** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**YADO, JESS J., III
4830 W KENNEDY BLVD
SUITE 750
TAMPA FL 33609**

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 **PD**
NAME **KASSAM, AZIM**
STREET ADDRESS **53 BRIARSCROSS BLVD**
CITY - ST - ZIP **AGINCOURT, ONT, CAN00000**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **KASSAM, P H**
STREET ADDRESS **53 BRIARSCROSS BLVD**
CITY - ST - ZIP **AGINCOURT, ONT, CAN00000**

2.1 TITLE ☐ Change ☐ Addition

TITLE **S**
NAME **KASSAM, AZIM**
STREET ADDRESS **53 BRIARSCROSS BLVD**
CITY - ST - ZIP **AGINCOURT, ONT, CAN**

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ 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 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Azim Kassam, President

4/3/95

404-762-6322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone / Telex #