

FILE 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:39

DOCUMENT # **404184** (4)

1. Corporation Name
SAGO ENTERPRISES, INC

Principal Place of Business

**10 NW 2ND ST.
MIAMI FL 33128**

Mailing Address

**10 NW 2ND ST.
MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1972** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-1427017** 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 Suite, Apt. #, etc

22 City & State

24 Zip Country

2b Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**GORFINKEL, NESTOR B. ESQ.
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128**

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 typed or printed name of registered agent and the date)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GORFINKEL, LEON
STREET ADDRESS	10 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VD
NAME	SAPOZNIK, CLARA
STREET ADDRESS	10 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	DS
NAME	SAPOZNIK, LAZARO
STREET ADDRESS	10 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	GORFINKEL, JULIUS H
STREET ADDRESS	10 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	TD
NAME	SAPOZNIK, JOSE
STREET ADDRESS	10 NW 2ND ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/95

(305) 371-3109

LEON GORFINKEL, SECRETARY