

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 # 404184 (4)

1. Corporation Name
SAGO ENTERPRISES, INC



Principal Place of Business Mailing Address
10 NW 2ND ST. MIAMI FL 33128 **10 NW 2ND ST. MIAMI FL 33128**

3. Date Incorporated or Qualified 06/30/1972	3a. Date of Last Report 03/30/1995
4. F&T Number 59-1427017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GORFINKEL, NESTOR B. ESQ. 7 NW 2ND STREET SUITE 203 MIAMI FL 33128				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORFINKEL, LEON	12 NAME	
STREET ADDRESS	10 NW 2ND ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOZNIK, CLARA	22 NAME	
STREET ADDRESS	10 NW 2ND ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOZNIK, LAZARO	32 NAME	
STREET ADDRESS	10 NW 2ND ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORFINKEL, JULIUS H	42 NAME	
STREET ADDRESS	10 NW 2ND ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOZNIK, JOSE	52 NAME	
STREET ADDRESS	10 NW 2ND ST	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

500001752105 Change Addition
-03/21/96--01022--024
*****200.00**

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 no change appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **President 2/17/96 (305) 371-3309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

[Handwritten]
3/20/96