

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1427017	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Nestor B. Gorfinkel			
				82 Street Address (P.O. Box Number is Not Acceptable) Concourse Plaza, Suite 401			
				83 1111 Kane Concourse			
				84 City Bay Harbor Islands FL 85 Zip Code 33154			

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]* NESTOR B. GORFINKEL DATE: 2/12/98

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		1.2 NAME				
STREET ADDRESS	10 NW 2ND ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAPOZNIK, CLARA		2.2 NAME				
STREET ADDRESS	10 NW 2ND ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAPOZNIK, LAZARO		3.2 NAME				
STREET ADDRESS	10 NW 2ND ST		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GORFINKEL, JULIUS H		4.2 NAME				
STREET ADDRESS	10 NW 2ND ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAPOZNIK, JOSE		5.2 NAME				
STREET ADDRESS	10 NW 2ND ST		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 00000		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* (305) 371-3309

CR2E034 (10/97)