

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

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 567068 (2)**

1. Corporation Name  
**S.G. & S., INC.**



Principal Place of Business <b>10 NW 2ND ST MIAMI FL 33128</b>	Mailing Address <b>10 NW 2ND ST MIAMI FL 33128-1622</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>03/28/1978</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>59-1809560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>GORFINKEL, JULIUS</b>	
STREET ADDRESS	<b>10 NW 2 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>SAPOZNIK, JOSE</b>	
STREET ADDRESS	<b>10 NW 2ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>SANDLER, JACK</b>	
STREET ADDRESS	<b>10 NW 2 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>SAPOZNIK, CLARA</b>	
STREET ADDRESS	<b>10 NW 2 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SAPOZNIK, LAZARO</b>	
STREET ADDRESS	<b>10 NW 2ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>GORFINKEL, LEON</b>	
STREET ADDRESS	<b>10 NW 2ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 or if changed, on an attachment with an address.

SIGNATURE: *Julius Gorfinkel* DATE: **3.14.97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)