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May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M26216** (5)

1. Corporation Name
SANGIRORI, INC.

Principal Place of Business	Mailing Address
10275 SW 77 CT SUITE 300 MIAMI FL 33156 US	10275 S.W. 77 COURT MIAMI FL 33156-2681 US

3. Date Incorporated or Qualified: 01/22/1986
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21 10579 NW 51ST LN.
Suite, Apt. #, etc.
22
City & State
23 HIAMI - FL.
Zip 24 33178 Country 25 USA

2a. Mailing Address
26 10579 NW 51ST LN
Suite, Apt. #, etc.
27
City & State
28 HIAMI - FL.
Zip 29 33178 Country 30 USA

4. FEI Number: 59-2693000 ☐ 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

9. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R.
255 ALHAMBRA CIRCLE
SUITE 600
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name SANTE DE LEO
82 Street Address (P.O. Box Number is Not Acceptable) 10579 NW 51ST LN.
83
84 City HIAHI FL 85 Zip Code 33178

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] SANTE DELEO CD 05-09-97
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	DP	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	DE LEO, RICARDO		1.2 NAME	DE LEO RICCARDO	
STREET ADDRESS	10275 SW 77 CT		1.3 STREET ADDRESS	10579 NW 51ST LN.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	HIAHI FL 33178	
TITLE	CD	☐ DELETE	2.1 TITLE	CD	☑ Change ☐ Addition
NAME	DE LEO, SANTE		2.2 NAME	DE LEO SANTE	
STREET ADDRESS	10275 SW 77 CT		2.3 STREET ADDRESS	10579 NW 51ST LN	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	HIAHI FL 33178	
TITLE		☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME			3.2 NAME	DE LEO ROBERTO	
STREET ADDRESS			3.3 STREET ADDRESS	10579 NW 51ST LN	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	HIAHI FL 33178	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME			4.2 NAME	DE LEO GINA	
STREET ADDRESS			4.3 STREET ADDRESS	10579 NW 51ST LN	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HIAHI FL. 33178	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-20-97

Ltr dep 165.00

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 if changed, or on an attachment with an address.

[signature] [signature]

CR2E034 (9/96)