

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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000031861 (5)
 1. Corporation Name
SUGARMINT, INC.



Principal Place of Business ROBERT SOSSIN 285 N.W. 199TH ST., SUITE 210 MIAMI FL 33169	Mailing Address ROBERT SOSSIN 285 N.W. 199TH ST., SUITE 210 MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1940 Harrison St	26 1940 Harrison St			04/27/1994	
22 Ste 300	27 Ste 300			4. FEI Number	
23 Hollywood, FL	28 Hollywood, FL			65-0487972	
24 33020 USA	29 33020 USA			Applied For	
				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 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			
SOSSIN, ROBERT 285 N.W. 199TH ST. SUITE 210 MIAMI FL 33169				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	MINTZ, JERRY	1.2 NAME	Mintz, Jerry
STREET ADDRESS	285 N.W. 199TH ST., SUITE 210	1.3 STREET ADDRESS	1940 Harrison St Ste 300
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	VS	2.1 TITLE	VS
NAME	MANTIN-SEGAL, DEBORAH	2.2 NAME	Mantin-Segal, Deborah
STREET ADDRESS	336 1/2 MERIDIAN AVE.	2.3 STREET ADDRESS	1940 Harrison St. Ste 300
CITY-ST-ZIP	MAIMI BEACH FL	2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Deborah M. Segal* 3/12/98 954-927-4595

CR2E034 (10/97)