

**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 # **P95000097526 (4)**

1. Corporation Name  
**SAGE BRUSH CORP.**



Principal Place of Business: **396 ALHAMBRA CIRCLE, SUITE 602 CORAL GABLES FL 33134**  
Mailing Address: **396 ALHAMBRA CIRCLE, SUITE 602 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **12/20/1995**  
3a. Date of Last Report: **12/20/1995**  
4. FEI Number: **65-0640964**  
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

2. Principal Place of Business: **501 BRICKELL KEY DR. MIAMI FLORIDA 33131 USA**  
2a. Mailing Address: **501 BRICKELL KEY DR. MIAMI FLORIDA 33131 USA**

9. Name and Address of Current Registered Agent  
**WEBER, WILLIAM A ESQ.  
201 S BISCAYNE BLVD, SUITE 2500  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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]*  
Signature, typed or printed name of signifying officer or director

DATE: \_\_\_\_\_  
Date

| 12. OFFICERS AND DIRECTORS |                                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------------|---|--|
| TITLE                      | <b>PSTD</b>                           | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PARMENTER, DARRYL W</b>            | 1.2 NAME  |  |
| STREET ADDRESS             | <b>396 ALHAMBRA CIRCLE, SUITE 602</b> | 1.3 STREET ADDRESS                                    | <b>501 BRICKELL KEY DRIVE, SUITE 509</b>                                     |
| CITY-ST-ZIP                | <b>MIAMI FL 33134</b>                 | 1.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33131</b>   |
| TITLE                      |                                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       | 2.2 NAME  |  |
| STREET ADDRESS             |                                       | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       | 3.2 NAME  |  |
| STREET ADDRESS             |                                       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       | 4.2 NAME  |  |
| STREET ADDRESS             |                                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                       | 5.2 NAME  |  |
| STREET ADDRESS             |                                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                                       | 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                                       |  |

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~~05/06/96 01023-085~~  
\*\*\*208.75

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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96  
305-379-7500  
DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

CR2E034 (12/95)