

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

**FILED**

**Apr 09 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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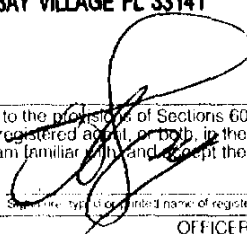
**DOCUMENT # P96000084903 (9)**  
 1. Corporation Name  
**SAKAI OF MIAMI INC.**



Principal Place of Business <b>7620 MIAMI VIEW DR. N. BAY VILLAGE FL 33141</b>	Mailing Address <b>7620 MIAMI VIEW DR. N. BAY VILLAGE FL 33141-4037</b>
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2. Principal Place of Business 21 <b>10185 SW 139 PL.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>10185 SW 139 PL.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/15/1996</b>		3a. Date of Last Report	
22 City & State 23 <b>Miami FL</b>		27 City & State 28 <b>Miami, FL.</b>		4. FEI Number <b>65-0700808</b>		Applied For Not Applicable	
24 Zip <b>33184</b> 25 Country <b>USA</b>		29 Zip <b>33186</b> 30 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
9. Name and Address of Current Registered Agent <b>SANTIESTEBAN, FABIAN 7620 MIAMI VIEW DR. N. BAY VILLAGE FL 33141</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Nelson Gonzalez</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>10185 SW 139 PL.</b>			
				83			
				84 City <b>Miami</b> FL 85 Zip Code <b>33186</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees							
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

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:  DATE: **3-21-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SANTIESTEBAN, FABIAN</b>
STREET ADDRESS	<b>7620 MIAMI VIEW DR.</b>
CITY-ST-ZIP	<b>N. BAY VILLAGE FL 33141</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D Nelson Gonzalez</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>10185 SW 139 PL.</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33186</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if checked, or on an attachment with an address.

SIGNATURE:  DATE: **3-21-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)