

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 567068 (2)

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



Principal Place of Business

Mailing Address

10 NW 2ND ST
MIAMI FL 33128

10 NW 2ND ST
MIAMI FL 33128

3. Date Incorporated or Qualified
03/28/1978

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORFINKEL, NESTOR B, ESQ
7 NW 2ND STREET
SUITE 203
MIAMI FL 33128

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GORFINKEL, JULIUS
STREET ADDRESS 10 NW 2 ST.
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SAPOZNIK, JOSE
STREET ADDRESS 10 NW 2ND ST
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME SANDLER, JACK
STREET ADDRESS 10 NW 2 ST.
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SAPOZNIK, CLARA
STREET ADDRESS 10 NW 2 ST.
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SAPOZNIK, LAZARO
STREET ADDRESS 10 NW 2ND STREET
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GORFINKEL, LEON
STREET ADDRESS 10 NW 2ND STREET
CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition

100001752091
-03/21/96--01022--016
***200.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)