

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

FILED

Apr 17 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 # 565005 (6)

1. Corporation Name
S N G S, INC.

Principal Place of Business

10201 HAMMOCKS BLVD
SUITE 148
MIAMI FL 33196
US

Mailing Address

10201 HAMMOCKS BLVD
SUITE 148
MIAMI FL 33196-3785
US

3. Date Incorporated or Qualified 01/04/1978
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 15334 SW 141 TERR. 26 15334 SW 141 TERR

4. FEI Number 59-1797575
Applied For Not Applicable

Suite, Apt. # etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Miami, FL 28 Miami, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Zip Country

24 33196 25 U.S.A. 29 33196 30 U.S.A.

9. Name and Address of Current Registered Agent

DHARAMSI, SHAMSHUDIN
1730 SOUTHWEST 103RD AVENUE
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name DHARAMSI, SHAMSHUDIN
82 Street Address (P.O. Box Number is Not Acceptable) 15334 SW 141 TERRACE
83
84 City Miami FL 85 Zip Code 33196

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 *Shamshi Dharamsi*

4/6/97

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	P	1.1 TITLE	P, D
NAME	DHARAMSI, SHAMSHUDIN	1.2 NAME	DHARAMSI, SHAMSHUDIN
STREET ADDRESS	15334 SW 141ST TERRACE	1.3 STREET ADDRESS	15334 SW 141 TERR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D	2.1 TITLE	
NAME	DHARAMSI, SHAMSHUDIN	2.2 NAME	
STREET ADDRESS	15334 SW 41ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	DHARAMSI, GULSHAN	3.2 NAME	DHARAMSI, GULSHAN
STREET ADDRESS	15334 SW 41ST TERRACE	3.3 STREET ADDRESS	15334 SW 141 TERR
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	SD	4.1 TITLE	
NAME	DHARAMSI, SHABINA	4.2 NAME	
STREET ADDRESS	15334 SW 141ST TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	DHARAMSI, NAZIM	5.2 NAME	
STREET ADDRESS	15351 SW 143RD STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	DAT	6.1 TITLE	
NAME	DHARAMSI, YASMIN	6.2 NAME	
STREET ADDRESS	15351 SW 143RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 and is typed or printed on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97 305-283-1488

0036617

CR2E034 (9/96)