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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036061 (7)

S.G.B. IMPORT CORPORATION

FILED
May 08 1998 8:00am
Secretary of State

SIGIS IMPORT CORPORATION																	
Delaying Diogn of Dusings																	
Principal Place of Business Mailing Address																	
14231 S.W. 48TH LANE 14231 S.W. 48TH LANE MIAMI FL 33175 MIAMI FL 33175																	
ישומות ביי שאווע מונאות ביי שאווע														DO NOT WRI		SPACE	
													3.	Date Incorporated or Qualified	វ		
	Original of Di				2a Mailing Address									05/12/1994		 .	
$\overline{}$	Principal Pi	incipal Place of Business					2a. Mailing Address						4.	FEI Number		-	pplied For
21	Suite Ant	te, Apt. #, etc.					Suite, Apt. #, etc.							65-0489520			ot Applicable Additional
22	odito, ript.	, Apr. #, 8to.					27						5.	Certificate of Status Desired		•	Additional leguired
	City & State					City & State						6.	Election Campaign Financing			May Be	
23	•					28						-	Trust Fund Contribution			to Fees	
	Ž ip	Country				Zip Co			Coun	Country			8.	This corporation owes or has	paid the c	urrent year ir	itangible
24			25			9			30					Personal Property Tax due Ju		73	□No
		9. Name	and	Address of Curre	ent Re	gister	ed Agent	ł					10.	Name and Address of New I	Registere	d Agent	
DIAZ, GLADYS B										11	Name						
14231 S.W. 48TH LANE									Į	12	Street	Addres	ss (P	O. Box Number is Not Accept	able)	"	
	MIA	AMI FL 331	175						I.	_				 			
									ľ	83							
									ε	14	City			· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
- 44	Durau and h	to the provide	lana (4 Factions 607 06	02.00	4 607	1500 Elo	rido Ptotuto	a the abo		DOMOG	Louise	ration	n authorite this statement for the	F		ito ragiotarad
	office or re	e giste red ag	joni, d	or both, in the Stat	te of Fi	lorida.	Such cha	inge was a	s, the aux uthorized	by	the cor	poreitio	n's b	n submits this statement for the locard of directors. I hereby acc	ept the ap	opointment a	registered
	agent. I ar	m fam iliar w	ith, ar	id accept the obli	gation	s of, S	ection 60	7.0505, Flo	rida Statu	es.	•						
SIC	INATURE .	Signature types	or prin	ed name of registered a	nent and	tilo (ac	nolicable	(NOTE	Registered A	hoer	ulennia te	e required	when	reinslating)	DATE		
12.		organical et appear		OFFICERS AI				(1011	13.	190	i ogross	0 /0400		ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
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CITY	-ST-ZIP	MIAMI !	FL 33	175					1.4 CITY	- ST	- ZIP	<u> </u>					
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	'-ST-ZIP								6.4 CITY	- ST	-ZIP						

4. 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 trusted 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.

OLONIATURE.

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