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May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P96000058059 (2)

1. Corporation Name
SANGAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7389 N.W. 54TH STREET MIAMI FL 33166	7389 N.W. 54TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1996

2. Principal Place of Business	2a. Mailing Address
21 8181 NW 36th St	26 8181 NW 36 St
Suite, Apt. #, etc. 22 SUITE 1006	Suite, Apt. #, etc. 27 SUITE 1006
City & State 23 MIAMI. FL	City & State 28 MIAMI FL
Zip 24 331[illegible] Country 25 USA	Zip 29 33166 Country 30 USA

4. FEI Number: 65-0682213 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANGUINO, JAVIER 1040 N.W. 128 PLACE MIAMI FL 33182	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANGUINO, JAVIER		1.2 NAME	
STREET ADDRESS	1040 N.W. 128 PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAEZ, CARLOS		2.2 NAME	
STREET ADDRESS	2201 TAIL FEATHER CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, PEDRO		3.2 NAME	
STREET ADDRESS	2201 TAIL FEATHER CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/95)

14. 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 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: J Sanguino 4/23/98 305-888-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0234827