

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 567068

**Entity Name:** S.G. & S., INC.**Current Principal Place of Business:**219 NORTH MIAMI AVE.  
MIAMI, FL 33128**Current Mailing Address:**219 NORTH MIAMI AVE.  
MIAMI, FL 33128 US**FEI Number:** 59-1809560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW OFFICES OF GEORGE A. MINSKI, P.A.  
2241 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | P                    | Title           | VP                   |
| Name            | WHITE, ANA           | Name            | SAPOZINK, FRIDA      |
| Address         | 219 NORTH MIAMI AVE. | Address         | 219 NORTH MIAMI AVE. |
| City-State-Zip: | MIAMI FL 33128       | City-State-Zip: | MIAMI FL 33128       |
|                 |                      |                 |                      |
| Title           | VP                   | Title           | VP                   |
| Name            | BEN-HAIN, FRIDA      | Name            | GORFINKEL, MARCOS    |
| Address         | 219 NORTH MIAMI AVE. | Address         | 219 NORTH MIAMI AVE. |
| City-State-Zip: | MIAMI FL 33128       | City-State-Zip: | MIAMI FL 33128       |
|                 |                      |                 |                      |
| Title           | S                    | Title           | T                    |
| Name            | WINIKOR, SYLVIA      | Name            | SAPOZNIK, MARIO      |
| Address         | 219 NORTH MIAMI AVE. | Address         | 219 NORTH MIAMI AVE. |
| City-State-Zip: | MIAMI FL 33128       | City-State-Zip: | MIAMI FL 33128       |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO SAPOZNIK**TREASURER****01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date