

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90070 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 321759

1. Corporation Name
SAHCO INCORPORATED

Principal Place of Business

2890 N.W. 35TH STREET
MIAMI FL 33142
US

Mailing Address

2890 N.W. 35TH STREET
MIAMI FL 33142
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DEL DAGO, CARMEN
2890 N.W. 35TH STREET
MIAMI FL 33142

3. Date Incorporated or Qualified

10/04/1967

4. FEI Number

59-1202154

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

CARMEN DEL DAGO
Secretary

1/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VSTD
STREET ADDRESS DEL DAGO, CARMEN
CITY-ST-ZIP 2890 N.W. 35TH STREET
MIAMI FL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS DEL DAGO, ROSA
CITY-ST-ZIP 2890 N.W. 35TH STREET
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS DEL DAGO, MANUEL
CITY-ST-ZIP 2890 N.W. 35TH STREET
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS DEL DAGO, ROSA F
CITY-ST-ZIP 2890 NW 35TH STREET
MIAMI FL 33142

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME S, T, D
1.3 STREET ADDRESS DEL DAGO, CARMEN
1.4 CITY-ST-ZIP 2890 N. W. 35th Street
Miami, FL 33142

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V, D
2.3 STREET ADDRESS DEL DAGO, ROSA
2.4 CITY-ST-ZIP 2890 N. W. 35th Street
MIAMI, FL 33142

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME P, D
3.3 STREET ADDRESS DEL DAGO, MANUEL
3.4 CITY-ST-ZIP 2890 N. W. 35th Street
MIAMI, FL 33142

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME D
4.3 STREET ADDRESS DEL DAGO, ROSA F.
4.4 CITY-ST-ZIP 2890 N. W. 35th Street
MIAMI, FL 33142

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, without other like empowerment.

SIGNATURE:

[Signature]

1/25/99 (305)
634-8800

CR2E034 (11/98)