

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **559881** (8)  
1. Corporation Name  
**SAVA ENTERPRISES, INC.**



Principal Place of Business <b>2424 N.E. 9TH ST. #207 FORT LAUDERDALE FL 33304</b>	Mailing Address <b>2424 N.E. 9TH ST. #207 FORT LAUDERDALE FL 33304</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>02/15/1978</b>	
4. FEI Number <b>59-1799037</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent <b>VALLILLO, JOSEPH 2424 N.E. 9TH STREET, #207 FORT LAUDERDALE FL 33304</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			

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		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		Change		Addition	
TITLE	PD	1.1 TITLE		Change		Addition	
NAME	VALLILLO, JOSEPH	1.2 NAME		Change		Addition	
STREET ADDRESS	2424 N.E. 9TH ST., #207	1.3 STREET ADDRESS		Change		Addition	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		Change		Addition	
TITLE	DTS	2.1 TITLE		Change		Addition	
NAME	VALLILLO, NATALIE	2.2 NAME		Change		Addition	
STREET ADDRESS	2424 N.E. 9TH ST., #207	2.3 STREET ADDRESS		Change		Addition	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		Change		Addition	
TITLE	D	3.1 TITLE		Change		Addition	
NAME	AIELLO, ROBERT	3.2 NAME		Change		Addition	
STREET ADDRESS	3 PEARCE PLACE	3.3 STREET ADDRESS		Change		Addition	
CITY-ST-ZIP	GREAT NECK NY	3.4 CITY-ST-ZIP		Change		Addition	
TITLE	DV	4.1 TITLE		Change		Addition	
NAME	AIELLO, ERNEST	4.2 NAME		Change		Addition	
STREET ADDRESS	3 PEARCE PLACE	4.3 STREET ADDRESS		Change		Addition	
CITY-ST-ZIP	GREAT NECK NY	4.4 CITY-ST-ZIP		Change		Addition	
TITLE		5.1 TITLE		Change		Addition	
NAME		5.2 NAME		Change		Addition	
STREET ADDRESS		5.3 STREET ADDRESS		Change		Addition	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		Change		Addition	
TITLE		6.1 TITLE		Change		Addition	
NAME		6.2 NAME		Change		Addition	
STREET ADDRESS		6.3 STREET ADDRESS		Change		Addition	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		Change		Addition	

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: *Ernest Aiello, President* 3/10/98 954-564-3642

CR2E034 (10/97)