FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:42

DOCUMENT # 740208 (4)

1. Corporation Name
SIG-AL, INC.

Principal Place of Business	Mailing Address
15600 N.W. 42ND AVENUE MIAMI,F L 33054	15600 N.W. 42ND AVENUE MIAMI,F L 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1977
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2614284 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MACK, ASTRID
5020 N.W. FIRST AVENUE
MIAMI FL 33127

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 _____ 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	VPD	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SARGENT, CHARLES E.	1.2 NAME	EMANUEL HUTCHINSON	
STREET ADDRESS	17125 NW 37TH COURT	1.3 STREET ADDRESS	3115 NW 48 TER	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	ARETNAS, CHICO	2.2 NAME	FREDERICK CROMITY	
STREET ADDRESS	9630 JOHNSON ST	2.3 STREET ADDRESS	18725 62 AVE. #208	
CITY-ST-ZIP	OPEMBROKE PINES FL	2.4 CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	BLUE, THEODORE	3.2 NAME	KEITH BRAYNON	
STREET ADDRESS	17631 NW 14 P	3.3 STREET ADDRESS	826 SW 9 ST	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, STANLEY L	4.2 NAME		
STREET ADDRESS	1420 SW 104 AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33025-4720	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	COOKLEY, AUDLEY	5.2 NAME	COOKLEY, AUDLEY	
STREET ADDRESS	6930 NW 186 ST	5.3 STREET ADDRESS	6930 NW 186 ST	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL	
TITLE	PRD	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, STEVE	6.2 NAME		
STREET ADDRESS	21471 NW 40 CIR CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STANLEY ALLEN Stanley Allen, TREASURER-D 1/24/95 (305) 620 5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00100312