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Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33054-6100

3. Date Incorporated or Qualified: 09/21/1977
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHINSON, EMANUEL		1.2 NAME		
STREET ADDRESS	3115 NW 48 TER		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	CROMITY, FREDERICK		2.2 NAME	STANLEY ALLEN	
STREET ADDRESS	18725 62 AVE. #208		2.3 STREET ADDRESS	1420 SW 104 AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAYNON, KEITH		3.2 NAME		
STREET ADDRESS	826 SW 9 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	DANIELS, EARL L		4.2 NAME	DANIELS, EARL	
STREET ADDRESS	~~P.O.BOX 351752~~ 3250 FROW AVE		4.3 STREET ADDRESS	3250 FROW AVE	
CITY-ST-ZIP	MIAMI FL 13133		4.4 CITY-ST-ZIP	MIAMI, FL ~~33135~~ 13133	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COAKLEY, AUDLEY		5.2 NAME		
STREET ADDRESS	6930 NW 186 ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	PRD	☒ DELETE	6.1 TITLE	SEC	☐ Change ☒ Addition
NAME	THOMPSON, STEVE		6.2 NAME	VERNON HOWARD	
STREET ADDRESS	21471 NW 40 CIR CT		6.3 STREET ADDRESS	2920 NW 185 ST	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI, FL 33056	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] PRESIDENT 7/5/97 (954) 435-7773