

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:27

DOCUMENT # G46825

(7)

1. Corporation Name

S. A. G. MANAGEMENT CORP.

Principal Place of Business

**9150 SW 87TH AVE STE 205
MIAMI FL 33176**

Mailing Address

**9150 SW 87TH AVE STE 205
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1983

3a. Date of Last Report

04/07/1994

4. FEI Number

59-2301125

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

10. Name and Address of New Registered Agent

**MALE, MICHAEL
3250 MARY ST STE 303
COCONUT GROVE FL 33176**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D-
NAME	GREENSTEIN, STEWART
STREET ADDRESS	9150 SW 87TH AVE #205
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	P-
NAME	GREENSTEIN, PAMELA
STREET ADDRESS	9150 SW 87TH AVE #205
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	V.P.	☒ Change ☐ Addition
12 NAME	Greenstein, Stewart	
13 STREET ADDRESS	9150 SW 87th Ave #205	
14 CITY - ST - ZIP	Miami, FL 33176	
21 TITLE	P.	☒ Change ☐ Addition
22 NAME	Greenstein, Pamela	
23 STREET ADDRESS	9150 SW 87th Ave #205	
24 CITY - ST - ZIP	Miami, FL 33176	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 190.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3/1/95

305-515-1518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Phone #)