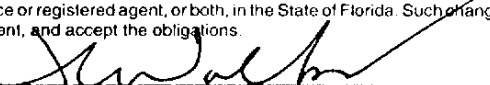
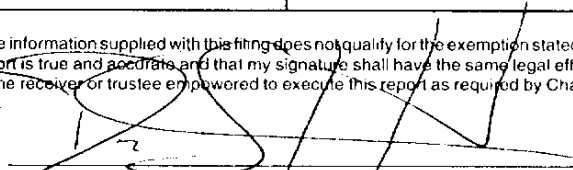


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company S'AGARO HOLDINGS, LLC 444 NE 10TH AVENUE FORT LAUDERDALE FL 33301		DOCUMENT # L98000003391	
2. Principal Place of Business 444 N.E. 10TH AVENUE Suite, Apt. #, etc. City & State FORT LAUDERDALE, FL. Zip Country 33301 USA		2a. Mailing Address 444 N.E. 10TH AVENUE Suite, Apt. #, etc. City & State FORT LAUDERDALE, FL. Zip Country 33301 USA	
3. Date Organized or Qualified 12/28/1998		3a. State of Formation FL	
4. FEI Number 65-0891143		☐ Applied For ☐ Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent FLAVELL, ROBERT 200 SOUTH BISCAYNE BLVD., SUITE 4600 MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name JOHN C. WALKER Street Address (P.O. Box Number is Not Acceptable) 3020 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. PLAZA 3000 - BUILDING 11 City Zip Code FORT LAUDERDALE FL 33306	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE 3/16/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when agent changes)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WILLIAM STOOSHINOFF ,	444 NE 10TH AVENUE	FORT LAUDERDALE FL
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: 			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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