FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 21 AM 9:18

DOCUMENT # M04191 (6)

1. Corporation Name
SABUGO CASH, INC.

Principal Place of Business
~~W MARTA BU~~
~~4715 N.W. 7 ST., APT. 201~~
~~MIAMI FL 33126~~

Mailing Address
~~W MARTA BU~~
~~4715 N.W. 7 ST., APT. 201~~
~~MIAMI FL 33126~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1984
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 964 W. FLAGLER ST
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL.
Zip 24 33130
Country 25 DADE

2a. Mailing Address
26 964 W. FLAGLER ST.
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL.
Zip 29 33130
Country 30 DADE

4. FEI Number: 59-2443174 — 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
~~BU, MARTA~~
~~4715 N.W. 7 ST., APT. 201~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent
81 Name: MAURO SABUGO
82 Street Address (P.O. Box Number is Not Acceptable): 964 W. FLAGLER ST.
83
84 City: MIAMI FL 85 Zip Code: 33130

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: Mauro Sabugo — MAURO SABUGO — 1/30/95
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required after resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SABUGO, MAURO	12 NAME	
STREET ADDRESS	964 W. FLAGLER ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SABUGO, SONIA	22 NAME	
STREET ADDRESS	964 W. FLAGLER ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in the 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 the 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 asterisk.

SIGNATURE: MAURO SABUGO PRES. 1/11/95 305-321-8464
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

0122217 CP