Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90035 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M69027

1. Corporation Name

SEDAGON INTERNATIONAL, INC.

Principal Place of Business		Mailing Address		- } '					
1901 NE 163 ST .		1901 NE 163 ST							
N MIAMI BEACH FL 33162		18621 NW 47TH COURT			DO NOT WRITE IN TEIS SPACE				
US		N MIAMB BCH FL 33162 US		2 Data la	3. Date Incorporated or Qualified				
					02/22	/1988			
2. Principa I Pl	ace of Business	2a. Mailing Address			4. FEI Nu			·	plied For
21		26			NOI	<u>APPLICABLE</u>			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifca	ate of Status Desired		\$8.75 A Fee Re		
22		City & State		6 Floatic	Compaign Financing		\$5.00	· · · · · · · · · · · · · · · · · · · 	
City & 5-tate		28		I	n Campaign Financing und Contribution		Added to		
Zip Country		Zip Country				rent vear In		-	
24	25	29 30		,	I	This corporation owes the current year Personal Property Tax.		☐Yes ☐No	
	9. Name and Address of Current		1001		10. Name	and Address of New	Registered	Agent	
			8	Name					1
	ano, george e.		8:	Street A	Address (P.O. Box	Number is Not Accept	table)		
18621 N.W. 47TH COURT			0.	SueerA	didless (F.O. Bo.	Number is Not Accept	.doic)		
MIAMI FL 33055			8:	3					
				1 Cit.		-		85 Zip C	Code
			8-	City			FL	_	300e
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	if Florida. Such change was a	iuthorized b	y the corpoi	corporation submit ration's board of c	s this statement for the lirectors. I hereby acce	ept the appo	f changing its intment as rec	registered gistered
SIGNATUF:E	Signature, typed or printed name of registered agen-	and title if applicable (NOTE	: Registered Ag	ent signature re	ired when reinstating)		DATE		
12.	OFFICERS ANI		13.			NS/CHANGES TO O	FFICERS A	ND DIRECTO	IRS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	SEDANO, GEORGE E.		1.2 NAME						
STREET ADDRESS	18621 N.W. 47TH COURT		1,3 STRE	ET ADORESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	SEDANO, MARTHA J.		2.2 NAME						
STREET ADDRESS	18621 N.W. 47TH COURT		23 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2 4 CITY	ST-ZIP					
TITLE	DV	☐ DELETE	3 1 TITLE					☐ Change	☐ Addition
NAME	SEDANO, MARTHA J.		3 2 NAME						
STREET ADDRESS	18621 NW 47 CT		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		34. CITY	ST-ZIP					
TITLE	DT	☐ DELETÉ	4.1 TITLE					Change	☐ Addition
NAME	SEDANO, GEORGE		4. 2 NAM	≣					
STREET ADDRESS	18621 NW 47 CT		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		4.4 CITY-	ST-ZIP					
TITLE		☐ DELETÉ	5.1 TITLE					Change	Addition
NAME			5.2 NAME						i
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE	1				Change	Addition
NAME			6.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	•		6.4 CITY-	ST-ZIP					

14. I 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 true 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: