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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M71447

(0)

Mailing Address

SIGMA LAND CORPORATION

FILED
Apr 11 1997 8:00am
Secretary of State

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JAIME GONZA 740 BLUEBIRD PLANTATION	LANE	Jaime Gonzalez 740 Bluebird Lane Plantation FL 33324-31	59		3. Date Incorporated or Qualified	3a. Date of Last Report
	NA . 11 . 1 . 2 . 2 . 11 . 11 . 11 . 11 .	A Land Control Address			03/10/1988	04/25/1996
21 Principal F	Place of Business	2a. Mailing Address			4. FEI Number NOT APPLICABLE	Applied F Not Appli
Suite, Apl	#, etc.	Suite, Apt. #, etc.				¢0 75
22		27			5. Certificate of Status Desired	Fee Required
City & Sta 23	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fees
<i>Z</i> ip ⊤1	Country	Zτρ	Coun	try	8. This corporation has liability for	
24	25 25 Name and Address of Cu	[29]	30		Florida Statutes 10. Name and Address of New R	Yes No
GΛ	NZALEZ, JAIME	Item negistered Agent		1 Name		agistolog Agent
	BLUEBIRD LANE		L			
	INTATION FL 33324		[Stree	t Address (P.O. Box Number is Not Accepta	ble)
10	ATIMION I E GOOLY		. [8	33		
			۱	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	tes, the abo	ve-name	d corporation submits this statement for the	purpose of changing its regist
SIGNATURE	Signature, typical or printed name of registerer	d agreet and lide if applicable (NO	TE: Registered		rporation's board of directors. I hereby acce are required when reinslating)	DATE
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	GONZALEZ, JAIME	☐ DELETE	1.1 TITL			Change A
NAME	740 BLUEBIRD LANE		1.2 NAN			
STREET ADDRESS	PLANTATION FL 33324			EFT ADDRESS	5	
City-S1-7IP Till(E	TOWNS TO SOUTH	DELETE	2.1 TITL	- ST - ZIP		Change A
NAME			2.2 NAN	_		
STREET ADDRESS				EET ADDRESS	3	
CITY-ST-ZiP			1	Y-ST-ZIP		
TITLE	1,0,0	DELETE	3.1 TITE	E		Change A
NAME			3.2 NAM	E ,	·	
STREET ADDRESS			3.3 STR	ET ADDRESS	6 .	
CHY-ST-ZIF				Y - ST - ZIP		
THEF		☐ DELETE	41 TITE			Change A
NΛMέ			4. 2 NAI			
STREET ADDRESS				EET ADDRESS) 	
CITY-ST-ZIP TITLE		DELETE	5.1 TITL	-ST-ZIP F	,	□ Change
NAME		part or to the late	5.2 NAN		,	12.110
STREET ADORESS				EET ADDRESS		K" 11 "
CITY-ST-ZIP				-ST-ZIP		, M,
TITLE		DELETE	6.1 TITL			Change 🔲 A
NAME			6.2 NAM	ΙE	30000214 -04/11/97010	tリひごろ 194024
STREET ADDRESS			6.3 STR	EET ADDRESS	***165.00	UT "" ULT
DITY+S1-ZIP			6.4 CITY	-ST-ZIP	444100.00	

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

SIGNATURE:

WILL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANCH21/97

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