

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20742 (5)**
1. Corporation Name
SAGA LAKE INC.



Principal Place of Business: 300 S.W. 12TH AVE., SUITE #A MIAMI FL 33130
Mailing Address: 300 S.W. 12TH AVE., SUITE #A MIAMI FL 33130

3. Date Incorporated or Qualified: **05/20/1987**
3a. Date of Last Report: **04/07/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc. 3rd Floor	26	Suite, Apt. #, etc. 3rd floor		59-2806942	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30	Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, GUARIONE M.
300 S.W. 12TH AVE., SUITE #A
THIRD FLOOR
MIAMI FL 33130

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 300 SW 12 Ave., 3rd Floor
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	DIAZ, GUARIONE M.	300 S.W. 12TH AVE.	MIAMI FL				
SD	BECKER, ALINA E.	300 S.W. 12TH AVE.	MIAMI FL				
TD	GALNARES, BENIGNO	3700 W 12 AVENUE	HIALEAH FL				
VP	PAZOS, ANDRES	300 SW 12 AVENUE THIRD FLOOR	MIAMI FL	VPD			
CD	BERNAL, PETER	300 S.W. 12TH AVE.	MIAMI FL				

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andres Pazos

4/19/96

305-642-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)