

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90143 045 \*\*\*\*61.25

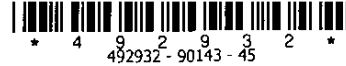
**DOCUMENT # N20742**

1. Corporation Name

**SAGA LAKE INC.**

Principal Place of Business  
**300 S.W. 12TH AVE.. SUITE #A  
3RD FLOOR  
MIAMI FL 33130  
US**

Mailing Address  
**300 S.W. 12TH AVE.. SUITE #A  
3RD FLOOR  
MIAMI FL 33130  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**05/20/1987**

4. FEI Number

**59-2806942**

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

9. Name and Address of Current Registered Agent

**DIAZ, GUARIONE M.  
300 S.W. 12TH AVENUE, 3RD FLOOR  
THIRD FLOOR  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DIAZ, GUARIONE M.  
300 S.W. 12TH AVE.  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BECKER, ALINA E.  
300 S.W. 12TH AVE.  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GALNARES, BENIGNO  
3700 W 12 AVENUE  
HIALEAH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
PAZOS, ANDRES  
300 SW 12 AVENUE THIRD FLOOR  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
BERNAL, PETER  
300 S.W. 12TH AVE.  
MIAMI FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**TD  
SWITZER, RAQUEL C  
1390 S Dixie Highway, #1100  
Miami, FL 33146**

**CD  
DE GOYTISOLO, AGUSTIN  
1000 Brickell Ave, #660  
Miami, FL 33131**

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)