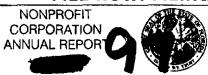
## FILE NOW: FILING FEE IS \$61.25



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

DOCUMENT # N49640

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97 AUG -5 PM 4: 13 T & T SAGA BOYS INTERNATIONAL, INC. Principal Place of Business Mailing Address 6321 N.W. 179TH TER. 6321 N.W. 179TH TER. MIAMI FL 33015 MIAMI FL 33015 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 08/14/1995 2. Principal Place of Business 2a, Malling Address 4. FEI Number Applied For 65-0435585 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for Intangible tax under s. 199.032, 24 25 30 Yes No 20 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GARLAND, JILL 82 Street Address (P.O. Box Number is Not Acceptable) 1650 NE 135TH STREET 83 **UNIT 709 MIAMI FL 33181** В4 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE 30 FORDE, NORRIS NAME 12 NAME 5000002262255---4 6321 N.W. 179TH TER. STREET ADDRESS 1.3 STREET ADDRESS -08/08/97--01t30--001 **MIAMI FL 33015** 1.4 CITY - ST - ZIP CITY-ST-ZIP 東京東京東京 Septiment Action Action DELETE 2.1 TITLE TITLE VD. NAME DILLON, FRANKLYN D. 22 NAME 5632 SW 1ST COURT STREET ADDRESS 2.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE SD 3.1 TITLE Change Addition D GARLAND, JILL NAME 3.2 NAME STREET ADDRESS 1650 N.E. 135TH ST., #209 3.3 STREET ADDRESS MIAMI FL 33181 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE SD D ALLONG, HUGH 4. 2 NAME NAME 7756 ALHAMBRA BLVD. STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP Miramar FL 33023 4.4 CITY-ST-ZIP Change DELETE ☐ Addition TWLE 5.1 TITLE KAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

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 State

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 it 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.

305/375-5286

FILED

(12/95)CR2E037