FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # N94000003721 (7)

1. Corporation Name
SAGE/MIAMI, INC.

Principal Place of Business	Mailing Address
~~1836 ALTON ROAD~~ ~~MIAMI BEACH FL 33139~~	~~SAGE~~ ~~P.O. BOX 1679~~ ~~MIAMI BEACH FL 33140-1679~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report:
4. FEI Number: 65-0573547 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1436 PENNSYLVANIA AV	26 P.O. BOX 398506
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI BEACH	28 City & State: MIAMI BEACH, FL
24 Zip: 33139 25 Country	29 Zip: 33239 30 Country: DADE

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORNBURG, DOUGLAS R 1335 ALTON ROAD MIAMI BEACH FL 33139	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT D	☒ Change ☒ Addition
NAME	~~DELGADO, VINCENT~~	12 NAME	ROBERT TRUAX	
STREET ADDRESS	~~P.O. BOX 04-0798 (N/A)~~	13 STREET ADDRESS	6423 COLLINS AV	
CITY-ST-ZIP	~~MIAMI FL 33164~~	14 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	21 TITLE	VICE PRESIDENT D	☒ Change ☒ Addition
NAME	~~SANTANGELO, PETER~~	22 NAME	Joan Mayers	
STREET ADDRESS	~~1455 WEST AVE., #1003~~	23 STREET ADDRESS	1730 Jefferson Ave	
CITY-ST-ZIP	~~MIAMI BEACH FL 33109~~	24 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	THORNBURG, DOUGLAS R	32 NAME		
STREET ADDRESS	2463 PINE TREE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Robert Truax PRESIDENT June 16, 95 (305) 674-9171
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT TRUAX

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