

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 # N94000003721 (7)

1. Corporation Name

SAGE/MIAMI, INC.

Principal Place of Business

1436 PENNSYLVANIA AVE
MIAMI BEACH FL 33139
US

Mailing Address

P.O. BOX 398506
MIAMI BEACH FL 33239
US



3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THORNBURG, DOUGLAS R
1335 ALTON ROAD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

GERALD ARMSTRONG

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

5944 NE 6 AVE

83

84 City

MIAMI

FL

85

Zip Code 33137

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

1-18-96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

TRULAX, ROBERT
6423 COLLINS AVE
MIAMI BEACH FL

TITLE

VD

☐ DELETE

NAME

MAYERS, JOAN
1730 JEFFERSON AVE
MIAMI BEACH FL

TITLE

D

☐ DELETE

NAME

THORNBURG, DOUGLAS R
2468 PINE TREE DRIVE
MIAMI BEACH FL 33140

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

ANTONIO FERNANDEZ
6423 COLLINS AVE
MIAMI BEACH FL

1.3 STREET ADDRESS

6423 COLLINS AVE

1.4 CITY-ST-ZIP

MIAMI BEACH FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001868841

-06/20/96--01021--004

***70.00

☐ Change ☐ Addition

5-1-96

674-9171

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 Trulax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

305

674-9171

CR2E037 (12/95)