FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031486

SACOL CORPORATION

Principal	Place	of	Business	

Mailing Address

7301 BELLE MEADE ISLAND DR MIAMI FL 33138

7301 BELLE MEADE ISLAND DR MIAMI FL 33138

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90026 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					04/28/1993				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For		
21		26	⊢ ,		65-0410194	·No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 /	Additional		
22		27		5. Certificate of Status Desired	Fee Re	Fee Required			
City & State		City & State		6. Election Campaign Financing S5.00 May Be					
23		28			Trust Fund Contribution	Added t	o Fees		
Zip	Country Zip			itry	8. This corporation owes the current year	r Intangible			
24	25	29	30		Personal Property Tax.	☐Yes	□No		
24	9. Name and Address of Curren				10. Name and Address of New Registe	red Agent			
				81 Name	,		Į		
MULLEN, JOSEPH P				00 0 4 4	desce (B.O. Rev Number is Not Acceptable)				
2419 E COMMERCIAL BLVD				82 Street Address (P.O. Box Number is Not Acceptable)					
SUIE			-	83	The state of the s	194 - 1. N. B. S.	4-45-100		
FT LAUDERDALE FL 33308									
	NODENDALE I E GOGGO		Γ	84 City		FL 85 Zip (Code *		
					•	1 3	registered		
· affina ar n	agistared agent or both in the State	of Florida, Such change was all	Itnorizea	by the corbo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	ppointment as re	gistered		
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statu	tes.	•				
SIGNATURE	•								
SIGNATORE	Signature, typed or printed name of registered age			Agent signature re	quired when reinstating) * DAT		DC IN 12		
12.	OFFICERS AN	ID DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICER		Addition		
TITLE	D	☐ DELETE	1,1 TITL	.E	5	☐ Change	C. Addition		
NAME .	DEVERCHERE, JEAN P		1.2 NA	AE					
STREET ADDRESS 7301 BELLE MEADE ISLAND DR			1.3 STF	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33138		1.4 CIT	Y-ST-ZIP	·				
TITLE	D	☐ DELETE	2.1 TITL	E		☐ Change	☐ Addition		
NAME	DEVERCHERE, JACQUELINE F	•	2.2 NA	ME					
	7301 BELLE MEADE ISLAND [REET ADDRESS			Į		
STREET ADDRESS		ж		Y-ST-ZIP					
CITY-ST-ZIP	MIAMI FL 33138	☐ DELETE	3.1 TIT			☐ Change	☐ Addition		
TITLE	,	_ occure	3.2 NA						
NAME							}		
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	*		_	Y-ST-ZIP		Change	Addition		
TITLE		☐ DELETE	4.1 TITI		** *	Ushange	· · · · · ·		
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET ADDRESS	\$				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP					
TITLE	•	☐ DELETE	5.1 TITI	LE		Change	Addition		
NAME			5.2 NAI	ME					
STREET ADDRESS			5.3 STF	REET ADDRESS					
CITY-ST-ZIP	÷		5.4 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change	☐ Addition		
NAME			6.2 NA	ME	· ·				
			6.3 ST	REET ADORESS					
STREET ADDRESS				Y-ST-ZIP					
CITY-ST-ZIP		L	V.7 OI	, -,					

14. I hereby certify that the information supplied with this illing 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 of rustee empowered to execute this report as required by Chapter 607, 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 AND TPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR