SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUN 29 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064301 (3)**

1. Corporation Name
SAGRITECH CORP.

Principal Place of Business	Mailing Address
9373 FONTAINEBLEAU BLVD. #K229 MIAMI FL 33172	9373 FONTAINEBLEAU BLVD. #K229 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 9375 Fountainbleau Blvd	26 9375 Fountainbleau Blvd
Suite, Apt. #, etc. 22 # L-111	Suite, Apt. #, etc. 27 # L-111
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33172	Zip 29 33172
Country 25 USA	Country 30 USA

4. FEI Number: 65-0436383 ☐ 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

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
SAGRILLO, FABIO 9373 FONTAINEBLEAU BLVD. #K229 MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 9375 Fountainbleau Blvd. 83 # L-111 84 City: Miami FL 85 Zip Code: 33172

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. ADDITIONAL OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)		
TITLE	PD	11 TITLE		☑ Change ☐ Addition
NAME	SAGRILLO, FABIO	12 NAME		
STREET ADDRESS	9373 FONTAINEBLEAU BLVD #K229	13 STREET ADDRESS	9375 Fountainbleau Blvd # L111	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33172	
TITLE	VP/D	21 TITLE		☒ Change ☐ Addition
NAME	DE AVELLAR JUSTEN, SORMANY	22 NAME		
STREET ADDRESS	9373 FONTAINBLEAU BLDV.	23 STREET ADDRESS	9375 Fountainbleau Blvd # L111	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33172	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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		

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fabio Sagrillo 6/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0950650 CR