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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000064301 (3)

1. Corporation Name  
SAGRITECH CORP.



Principal Place of Business  
8375 FOUNTAIN BLEAU BLVD  
SUITE L-111  
MIAMI FL 33172  
US

Mailing Address  
8375 FOUNTAIN BLEAU BLVD.  
SUITE L-111  
MIAMI FL 33172-5850  
US

3. Date Incorporated or Qualified  
09/15/1993

3a. Date of Last Report  
03/11/1996

2. Principal Place of Business  
21 10031 NW 51 LANE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10031 NW 51 LANE  
Suite, Apt. #, etc.

4. FEI Number  
65-0436383

Applied For  
Not Applicable

22 City & State  
23 MIAMI FL

27 City & State  
28 MIAMI FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33178-1942 25 DADE

29 33178-1942 30 DADE

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

SAGRILLO, FABIO  
8375 FOUNTAIN BLEAU BLVD.  
SUITE L-111  
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SAGRILLO, FABIO	1.2 NAME	
STREET ADDRESS	8375 FOUNTAIN BLEAU BLVD. #L-111	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP/D	2.1 TITLE	
NAME	DE AVELLAR JUSTEN, SORMANY	2.2 NAME	
STREET ADDRESS	8375 FOUNTAIN BLEAU BLVD., #L-111	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_ DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)