**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

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1997 NOV -6 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
**1997**

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

**DOCUMENT #** P93000064301

1. Corporation Name
SAGRITECH CORP.

Principal Place of Business
10031 NW 51th Lane
Miami, Fl. 33178-1942

Mailing Address
10031 NW 51th Lane
Miami, Fl. 33178-1942

3. Date Incorporated or Qualified: 09-15-93
3a. Date of Last Report: 04-23-97

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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**

Sagrillo, Fabio
9375 Fountainbleau Blvd #L111
Miami, Fl. 33172

**10. Name and Address of New Registered Agent**

81 Name: De Avellar Justen, Sormany
82 Street Address (P.O. Box Number is Not Acceptable): 10031 NW 51th Lane
83
84 City: Miami, FL 85 Zip: 33178-1942

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: [signature] 10-1-97
Signature, typed or printed name of individual and capacity where applicable (NOTE: Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD ☐ DELETE | 11 TITLE | VP/d ☒ Change ☐ Addition |
| NAME | Sagrillo, Fabio | 12 NAME | Sagrillo, Fabio |
| STREET ADDRESS | 9375 Fountainbleau BLVD #L-111 | 13 STREET ADDRESS | 10031 NW 51th Lane |
| CITY-ST-ZIP | Miami, Fl | 14 CITY-ST-ZIP | Miami, Fl. 33178-1942 |
| TITLE | VP/D ☐ DELETE | 21 TITLE | P/d ☒ Change ☐ Addition |
| NAME | De Avellar Justen, Sormany | 22 NAME | De Avellar Justen, Sormany |
| STREET ADDRESS | 9375 Fountainbleau BLVD #L-111 | 23 STREET ADDRESS | 10031 NW 51th Lane |
| CITY-ST-ZIP | Miami, Fl. | 24 CITY-ST-ZIP | Miami, Fl. 33178-1942 |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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 added on an attachment with an address.

**SIGNATURE:** [signature] 10-1-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Sormany Justen De Avellar, President
Daytime Phone #

11/6/97