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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000064301 (3)

SAGRITECH CORP.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 13011001 110 10100 HILL TOIL		0 0 10 11 0 13 0	
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		••			•,	ite Incorporated or Qualified 09/15/1993		-	
2. Principal Pl	ace of Business	2a. Mailing Address				l Number	Ā	Applied For	
21 1711 NW 79 Ave 26 1711 NW 79			79 Av	Ave		65-0436383		lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 27			elc.			ertificate of Status Desired		Additional Required	
City & State City & State					6. Ele	ection Campaign Financing	\$5.00	May Be	
23 Mi ami	-FL	ZID Miami FL Country			Tro	ust Fund Contribution	Added Added	to Fees	
Miami	- Country	Lana " "	L=a ' '			is corporation owes or has p	/ '		
24 331	33126 25 US 29 33126 30			·	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		31 Name	10, N	ime and Adoress of New H	egistered Agent		
	E AVELLAR JUSTEN, SORMANY	Ľ							
x 0001 5000050555550055 \$4000055555555555555555				82 Street Address (P.O. Box Number is Not Acceptable) 1711 NW 79 Ave					
				City	Miami		FL 3	Code	
11. Pursuant t	to the provisions of Sections 697.0502	l and 607.1508, Florida S tatute of Florida. Such change was ai	s, the about uthorized	ove-named by the com	corporation secondarion secondarion:	ubmits this statement for the rd of directors. I hereby acce	purpose of changThg opt the appointment a	its fegistered is registered	
agent. La	egistered agent, or both, in the State in familiar withy and accept the obliga	tions of, Section 607.0505, Eloi	rida Statu	ies.	. L.	· T.	au/	/o	
SIGNATURE Schaller dry dure of registered about and the diagraphic (NOTE Registered Agent signature required when reinstaling) DATE OPTION TO BE SCHALLE SCHALLE SCHALLE SCHALLE SCHALLE (NOTE Registered Agent signature required when reinstaling) DATE									
12.	Stonature typied or printed refine of registered age: OFFICERS AND		13.	Ageiti signature		STAILINGS DITIONS/CHANGES TO OFF	ICERS AND DIRECTO	PS IN 12	
TITLE	VD	DELETE	1.1 1)(1.	E			Change		
NAME	SAGRILLO, FABIO		1.2 NAN	AE .					
STREET ADDRESS	X1308X PAX 8 P& FAME		1.3 S1R	EET ADDRESS	1711				
CITY-ST-ZIP	HANGE BEEN HER SOME			(-S1-ZIP	1/11	NW 79 Ave			
TITLE	PD	DELETE	2.1 TITL		Miami	FL 33126	Change	Addition	
NAME	DE AVELLAR JUSTEN, SORI	JANY	2.2 NAM	AF.					
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CITY-ST-ZIP	XMIAMA: F1x38170-1948:		2. 4 CIT	Y-ST-ZIP	Miami	FL 33126			
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NAME			3.2 NAN	NE					
STREET ADDRESS			3.3 STR	EE1 ADDRESS					
CITY-ST-ZIP		T1	_	Y-ST-7IP				- Laures	
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NAME			4. 2 NA						
STREET ADDRESS				FET ADDRESS					
CITY-ST-ZIP		DELETE	_	r·S1-ZIP			Change	Addition	
TITLE		[Deter	5.1 TITL				Change		
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CITY-ST-ZIP TITLE		DELETE	6.1 T(TL	Y-\$1-ZIP F			Change	Addition	
NAME		٠٠٠٠٠ لبسيا	6.2 NAM						
STREET ADDRESS				EE1 ADDRESS					
CITY-ST-ZIP				Y - ST - ZIP					
	sertify that the information supplied wi	th this filing closs not qualify fo			ed in Section 1	19.07(3)(i), Florida Statutes	I further certify that the	ne information	

reflectly certify that the information supplies with this littly does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner certify that the information indicated on this annual report or suppliemental 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 put attachment with an address.

04/22/40.

(20E) 3188893