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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035214 (3)

SAAVEDRA ENTERPRISES, INC.

District District	(B)		The Add to the total and the t								
Principal Place of Business Mailing Address							A (SELICE) (AR 1811) GIBN SOLIS SCIII SELIS		B144# 418#1 41#41		
8163 DIAMOND COVE CIR. ORLANDO FL 32636			8183 DIAMOND COVE CIR. ORLANDO FL 32836-6053								
							3. Date incorporated or Qualified 05/10/1994	1	ate of Last R 01/1996	lepart	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			oplied For	
21			26				59-3292497 Not Applicable				
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22			27				C. Oppinion of Grand Society		Fee Re	equired	
City & State			City & State				6. Election Campaign Financing	F1		May Be	
23			28				Trust Fund Contribution		Added		
Zip	Country		Zip Oou 30			'	8. This corporation has hability for				
24	25 29 29 Q. Name and Address of Current Registered Agent			[30]			Florida Statutes Yos X No 10. Name and Address of New Registered Agent				
		iir nogis	tereu Agent		81	Name	10. Name and Address of New A	gistereu	Agent		
SAAVEDRA, CESAR A								· · · · · · · · · · · · · · · · · · ·			
8163 DIAMOND COVE CIR. Orlando fl. 32836					82	Street Addr	Address (P.O. Box Number is Not Acceptable)				
					83						
				Į							
				ĺ	84	City	·	FL	85 Zip (Code	
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 6	07.1508, Florida Statu da. Such change was	los, the ab authori≵ed	iove by	e-named corp the corporal	oration submits this statement for the ion's board of directors. I hereby acce	DUIDOSE O	changing it pointment as	ts registered registered	
•	in tannial with, and accept the oblig	janons oi	, 3661011 007.0300, 11	Olica Siati	JI GS	s.				ĺ	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis						int signature requir	ed when reinstating)	DATE			
12.	OFFICERS AN	ID DIREC	***************************************	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	- 		
TITLE	PTS		DELETE		LE				Change	Addition	
NAME	SAAVEDRA, CESAR				1.2 NAME						
STREET ADDRESS 8163 DIAMOND COVE COR.			1.3 \$		STREET ADDRESS					'	
CITY-ST-ZIP	ORLANDO FL 32836				_	1- ZIP					
TITLE					21 INLE				Change	Addition	
NAME					NAME						
STREET ADDRESS			2.3 \$1		REET	ADDRESS					
City-St-ZiP						S1 - Z/P					
TITLE			L DELETE	3.1 7(7					L_] Change	L_ Addition	
NAME			3.2 N								
STREET ADDRESS			3 3 STREET ADDRI								
CITY-ST-ZIP			Dr. Fre	3.4. CI		ST - ZIP			TT 66.		
TITLE			LI DELETE	4.1711			•		L Change	Addition	
NAME				4. 2 NA						-	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			Dourse	4.4 DI		T-7 P			- About	- 1-51 a sang	
TITLE			DELETE	51111			·		Change	Addition	
NAME				5 2 NA							
STREET ADDRESS				4		ADDRESS					
CITY-ST-ZIP			DELETE	5.4 Dri		1 - ZIF			Change	Additor	
TITLE			☐ DELETE	61 1 H					Change	Addition	
NAME				6.2 NA							
STREET ADDRESS				6.3 \$T	Æ£1	ADURESS				ļ	

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 eath; 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 chapted, or of an attachment with an address.

FILED

May 05 1997 8:00am

Secretary of State

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