FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:30

DOCUMENT # **P94000076911 (4)**

1. Corporation Name
SGI CORP.

Principal Place of Business	Mailing Address
10241 NW 9TH ST CIR SUITE 213 MIAMI FL 33172	10241 NW 9TH ST CIR SUITE 213 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1450 MADRUGA AVE	26 1450 MADRUGA AVE
Suite, Apt. #, etc. 22 304	Suite, Apt. #, etc. 27 304
City & State 23 CORAL GABLES FL	City & State 28 CORAL GABLES FL
Zip / Country 24 33146 / 25 US	Zip / Country 29 33146 / 30 US

4. FEI Number: 65-0526677 — ☐ 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
CORPORATE CREATIONS ENTERPRISES INC 4521 PGA BLVD SUITE 211 PALM BEACH GARDENS FL 33418	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____
Signature of (new or previous) registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PARRA, ROBERT A	12 NAME	
STREET ADDRESS	% 10241 NW 9TH ST CIR SUITE 213	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PARRA, RICARDO F	22 NAME	
STREET ADDRESS	% 10241 NW 9TH ST CIR SUITE 213	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARRA, EDUARDO J	32 NAME	
STREET ADDRESS	% 10241 NW 9TH ST CIR SUITE 213	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33172	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	REMITTED BY MAY 1
CITY ST ZIP		64 CITY ST ZIP	

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: _____ 04/28/95 (305) 666-3940
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0188021 CP