FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000076911 (4)

1. Corporation Name
SGI CORP.

Principal Place of Business
1450 MADRUGA AVE
STE 304
CORAL GABLES FL 33146
US

Mailing Address
1450 MADRUGA AVE
STE 304
CORAL GABLES FL 33146
US

2. Principal Place of Business
21 9300 S. DADELAND Blvd.
Suite, Apt. #, etc.
22 SUITE 512
City & State
23 MIAMI FL
Zip 24 33156 Country 25

2a. Mailing Address
26 9300 S. DADELAND Blvd
Suite, Apt. #, etc.
27 SUITE 512
City & State
28 MIAMI FL
Zip 29 33156 Country 30

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report: 05/01/1995
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
CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUTIE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PARRA, ROBERT A	
STREET ADDRESS	% 10241 NW 9TH ST CIR SUITE 213	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	☐ DELETE
NAME	PARRA, RICARDO F	
STREET ADDRESS	% 10241 NW 9TH ST CIR SUITE 213	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	☒ DELETE
NAME	PARRA, EDUARDO J	
STREET ADDRESS	% 10241 NW 9TH ST CIR SUITE 213	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	PARRA, ROBERT A.	
1.3 STREET ADDRESS	7745 SW 118th PL.	
1.4 CITY-ST-ZIP	MIAMI FL 33183-3837	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	PARRA, RICARDO F.	
2.3 STREET ADDRESS	7745 SW 118th PL.	
2.4 CITY-ST-ZIP	MIAMI FL 33183-3837	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: [signature] ROBERT A. PARRA 04/25/96 (305)670-5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)