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 # P95000001829 (7)

SAGITTARIUS SUPPLIES, INC.

Principal Place of Business Mailing Address

//F600 NW / 1990 R0 NO AYE.

//F600 NW / 1990 R0 NO AYE.

//F600 NW / 1990 R0 NO AYE.

		///////			1				
					01/09/199	orated or Qualified 5	3a. Date 05/01/		eport
2, Principal Plac	e of Business	2a. Mailing Address			4, FEI Number			Ap	plied For
21 3980 N	W 175 ST	26 3980 NW	175 ST		65-0658	949		No	t Applicable
Suite, Apl. #, e		Suite, Apt #, etc. 27 MIAMI FL	33055 ·		5. Certificate o	Status Desired		\$8.75 A Fee Re	
City & State		City & State			6. Election Can Trust Fund C	npaign Financing		\$5.00 Added t	
Zip	Country	Zip	Country			ition has liability for i			
24	25 DADE	29	30 DADE		Florida Statu	-	Yes 1		100.002,
	g. Name and Address of Curren		100, 51120	<u></u>		Address of New Re			
VIMAHX.	OS, BARBARA N.W. 43RD ROAD AVE. FL 43085/	Oracle COLLINOR Florida Collins	82 St 83 Ci	reet Addres 39 MIAM ity	80 NW 17	ber is Not Acceptab 75 ST)55	FL	85 Zip (
SIGNATURE	the provisions of Sections 607.0507 istered agent, or both, in the State familiar with, and accept the obligations.		authorized by the lorida Statutes.			statement for the p	ot the appoin	tment as	registered
12.	OFFICERS AND		13.			HANGES TO OFFIC	ERS AND DI	BECTOR	S IN 12
	PD O	DELETE	1.1 TITLE					Change	☐ Addition
NAME &	śanytoś, asanbara/		1.2 NAME	PD	SANTOS	BARBARA			
	17,600,ANAY: A3RD,ROAD AVE.		1.3 STREET ADDR	arce l					
	VIAMI FL 33055		1.4 CITY-ST-ZIP			V 175 St			
TRUE V	1	☐ DÉLETE	2.1 TITLE		MIAMI I	L 33055		Change	Addition
	SARO/ARTURO/R/		2.2 NAME	₩.	BARO ART	ruro r	land.	, w	
	(7680/NYW./43/HO/HO/AD/ AVE		2.3 STREET ADDR	3	980 NW 1	75 ST			
	GLAMIVEY 83085//			133	IAMI FL				
CITY-SE-ZIF A	AND IN TO SOUR A	DELETE	2.4 CITY-ST-ZII 3.1 TITLE		TRUIT IN	33033		Change	Addition
–		בַ טננונ					L	Change	L.J ROUIION
HAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDR	. (
CITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIE			·		Change	Addition
TITLE		ב טכננונ	4.1 TITLE				L	Lousinge	A00100N
NAME			4, 2 NAME	- {					
STREET ADDRESS			4.3 STREET ADDR	(ESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					r	
TITLE		DELETE	5.1 TITLE	ļ				Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDR	RESS					
CITY-Sf-Zif*			5.4 CITY-ST-ZIP	,]					
TETLE	,	DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDR	RESS					
CITY - ST - 7IP			64 CiTY-ST-ZIP	1					
OILL-31-78			1 040111-01-21						

14. 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 of placed, or on an attachment with an address.

SIGNATURE:

DISTORD BANDAR SHIPS.

7 625-3334 Daytime Prione #

FILED

Apr 04 1997 8:00am

Secretary of State