

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000004082 (0)**

1. Corporation Name

SAGE COMMUNICATIONS, INC.

Principal Place of Business

8454 NW 14 ST
CORAL SPRINGS FL 33071
US

Mailing Address

8454 NW 14 ST
CORAL SPRINGS FL 33071-6762
US

2. Principal Place of Business

21 **8959 NW 19 ST**
Suite, Apt. #, etc.

2a. Mailing Address

26 **8959 NW 19 ST**
Suite, Apt. #, etc.

22

City & State

23 **Coral Springs, FL**

Zip

24 **33071**

Country

25 **U.S.A.**

27

City & State

28 **Coral Springs, FL**

Zip

29 **33071**

Country

30

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

Sage Wallace Buitron

82 Street Address (P.O. Box Number is Not Acceptable)

8959 NW 19 ST

83

Coral Spring FL

84 City

FL 85 Zip Code **33071**

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

Sage Wallace Buitron

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

1/28/97

DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, SAGE N		12. NAME	
STREET ADDRESS	3853 COCOPLUM CIRCLE		13. STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33063		14. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22. NAME	
STREET ADDRESS			23. STREET ADDRESS	
CITY-ST-ZIP			24. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME	
STREET ADDRESS			33. STREET ADDRESS	
CITY-ST-ZIP			34. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME	
STREET ADDRESS			43. STREET ADDRESS	
CITY-ST-ZIP			44. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY-ST-ZIP			54. CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY-ST-ZIP			64. CITY-ST-ZIP	

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 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

Sage Wallace Buitron

CR2E034 (9/96)