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 # P95000004130

1. Corporation Name: SAGGA SPORTS CORPORATION

Principal Place of Business: 11021 NW 7 ST, SUITE 201, MIAMI, FL 33172

Mailing Address: 255 W. 32 ST, HIALEAH, FL 33012

3. Date Incorporated or Qualified: 1-17-95

3a. Date of Last Report: 1-17-95

4. FEI Number: 65-0547044 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 11021 NW 7 ST., #201
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33172
25 Country: USA

2a. Mailing Address
26 255 W. 32 ST
27 Suite, Apt. #, etc.
28 City & State: HIALEAH, FL
29 Zip: 33012
30 Country: USA

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
OMAYRA M. LEON

10. Name and Address of New Registered Agent
81 Name: OMAYRA M. LEON
82 Street Address (P.O. Box Number is Not Acceptable): 255 W. 32 ST
83
84 City: HIALEAH FL 85 Zip Code: 33012

11. Pursuant to the provisions of Sections 607.0501 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: Omayra Leon — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when registering — DATE: 4/24/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	JACQUELINE GUTSTEIN	
STREET ADDRESS	11021 NW 7 ST. #201	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	OMAYRA M. LEON	
STREET ADDRESS	255 W 32 ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	700001184008 -06/03/96--01074--010 ***200.00	☐ 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		

5-7-96 JR

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: Omayra Leon — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/24/96 — Daytime Phone #: (305) 888-7464

CR2E034 (12/95)