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 # **P95000025839 (8)**

1. Corporation Name

SARAGUI CORPORATION

Principal Place of Business	Mailing Address
~~10914 S.W. 152ND PLACE~~ ~~MIAMI FL 33196~~	~~10914 S.W. 152ND PLACE~~ ~~MIAMI FL 33196~~

3. Date Incorporated or Qualified: **03/31/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 10690 N.W. 7TH ST
22: Suite, Apt. #, etc:
23: City & State: MIAMI, FL
24: Zip: 33172 | 25: Country:

2a. Mailing Address
26: 10690 N.W. 7TH ST
27: Suite, Apt. #, etc:
28: City & State: MIAMI, FL
29: Zip: 33172 | 30: Country:

4. FEI Number: 65-0571075 | 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

ARRINDELL, GUILLERMO A
~~10914 S.W. 152ND PLACE~~ 9619 N.W. 7TH ST
MIAMI FL ~~33196~~ 33172 APT 109

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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARRINDELL, GUILLERMO A		1.2 NAME	
STREET ADDRESS	~~10914 S.W. 152ND PLACE~~ 9619 N.W. 7TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL ~~33196~~ 33172 APT 109		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARRINDELL, ESTELA I		2.2 NAME	
STREET ADDRESS	~~10914 S.W. 152ND PLACE~~ 9619 N.W. 7TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL ~~33196~~ 33172 APT 109		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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 and no other 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: _____ 6/17/96 (305)226-6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

Guillermo A. Arrindell 06/17/96