Sep. 26. 2000 3:25PM MARRERO, CHUILLI AND ASSOCIATES

No. 6018 P. 2

APPROVED AND FILED

00 OCT -5 AM 11:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020948

1. Corporation Name

S:G Financial Services, Inc

97-00

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O 7900 SW 8 ST Miami, FL 33144

Mailing Address: P.O. Box 140571 Coral Gables, FL 33114-0571

2. Principal Place of Business (21)	26. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 3/7/96

4. FEI Number: 65-0665704 — ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Scott Schubert
1221 Brickell Ave #900
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: Scott Schubert
82 Street Address (P.O. Box Number is Not Acceptable): 899 Bella Vista
83
84 City: Coral Gables FL 85 Zip Code: 33156

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 [signature] 9/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	Scott Schubert		1.2 NAME	Scott Schubert	
STREET ADDRESS	1221 Brickell Ave #900		1.3 STREET ADDRESS	899 Bella Vista	
CITY-ST-ZIP	Miami, FL 33131		1.4 CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	V. President	☐ DELETE	2.1 TITLE	V. Pres.	☒ Change ☐ Addition
NAME	Jorge Galceran		2.2 NAME	Jorge Galceran	
STREET ADDRESS	1221 Brickell Ave #900		2.3 STREET ADDRESS	675 Sierra Circle	
CITY-ST-ZIP	Miami, FL 33131		2.4 CITY-ST-ZIP	Coral Gables FL 33156	
TITLE		☐ DELETE	3.1 TITLE	Sec/Treas	☐ Change ☒ Addition
NAME			3.2 NAME	Christine M. Galceran	
STREET ADDRESS			3.3 STREET ADDRESS	675 Sierra Circle	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coral Gables, FL 33156	
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		

300003427373--4
--10/18/00--01002--026
****1208.75 ****908.75

AD

14. I 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: [signature]