

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90107 019 ***150.00

DOCUMENT # P96000032067

1. Corporation Name
SATTA-AMASSAGANA, INC.

Principal Place of Business
19671 NW 34TH AVE.
MIAMI FL 33056

Mailing Address
19671 NW 34TH AVE.
MIAMI FL 33056



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/08/1996

4. FEI Number
65-0828376

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 7601 N.W. 184th Dr.
Suite, Apt. #, etc.

2a. Mailing Address
26 7601 N.W. 184th Dr.
Suite, Apt. #, etc.

22 City & State
23 Miami FL

27 City & State
28 Miami FL

24 Zip 33169 Country U.S.A

29 Zip 33169 Country U.S.A

9. Name and Address of Current Registered Agent

MANNING, DONALD
19671 NW 34TH AVE.
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name Donald Manning
82 Street Address (P.O. Box Number is Not Acceptable) 7601 N.W. 184th Drive
83
84 City Miami FL 85 Zip Code 33169

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME MANNING, DONALD
STREET ADDRESS 19671 NW 34TH AVE.
CITY-ST-ZIP MIAMI FL 33056

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Donald Manning
1.3 STREET ADDRESS 7601 N.W. 184th Drive
1.4 CITY-ST-ZIP Miami, FL 33169

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 ☐ 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

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, with all other like empowered.

SIGNATURE: Donald Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

(305) 651-2048

Date

Daytime Phone #

CR2E034 (1/198)

0154444