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

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State

DIVISION OF CORPORATIONS

DOCUMENT # P96000083274 (6)

S.A. DEVELOPING, INC.

**FILED** Feb 19 1998 8:00am Secretary of State



				(
Principal Place of Business	Mailing Address			
3751 SW 141 AVE	3751 SW 141 AVE		1	
MIRAMAR FL 33027	MIRAMAR FL 33027			
US	US		DO NOT WR	TE IN THIS SPACE
			<ol><li>Date Incorporated or Qualifie</li></ol>	d
Principal Plane of Ductions			10/09/1996	
2. Principal Place of Business	2a. Mailing Address	-	4. FEI Number	Applied Far
Suite, Apt. #, etc.	26		APPLIED FOR 65.	-0 7069 72 Applied For
	Suite, Apt. #, etc.			CO 7F
City & State	City & State	<del></del>	5. Certificate of Status Desired	Fee Required
23	28		<ol> <li>Election Campaign Financing</li> </ol>	\$5.00 May Be
Zip Country	Zip	Guntry	Trust Fund Contribution	A chaland a series
24 25	29 30	<b>~</b>	This corporation owes or has p     Personal Property Toy dies.	ald the guerrant
9. Name and Address of		<u> </u>		
GOMEZ, RUBEN		81 Name	10. Name and Address of New R	egistered Agent
3751 SW 141ST AVE.				
MIAMI FL 33027		82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
MICHINI I E 00027		83		,
			-	
<b>*</b>		84 City		
•	07 0502 and 607 1508 Florida Statutes	thereus page d		E St Zip Code
office or registered agent, or both, in the	State of Florida, Such change was aut	horia by the corporation	oration submits this statement for the p	purpose of changing its registered
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both, in the cent. I am familiar with, and accept the</li> </ol>	e obligations of, Section 607.0505, Florid	la Syles.	acception of directors, I hereby accept	of the appointment as registered
SIGNATURE Signature, typed or printed name of regist	MOTE P	anis Angel	<del></del>	1
	RS AND DIRECTORS	egis Agent signature required		DATE
TITLE D	DELETE	1 6	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME GOMEZ, RUBEN	<del></del>	F		☐ Change ☐ Addition
STREET ADDRESS 3751 SW 141ST AVE.		EET ADDRESS		
MANIE 22027		1 - ST-ZIP		
TITLE	DELETE	-3(-7)		[8
NAME		e l		☐ Change ☐ Addition
STREET ADDRESS		ET ADDRESS		
1				
TITLE	☐ DELETE	/-ST-ZIP		
NAME		1 36		Change Addition
STREET ADDRESS		JET ADDRESS		
CITY-ST-ZIP		3Y-ST-ZIP		l
TITLE	☐ DELETE	LE LE		
NAME		AME		Change Addition
STREET ADDRESS		IREET ADDRESS		
		TY-ST-ZIP		
CITY-ST-ZIP TITLE		TLE		1
NAME	<del>-</del> ::	ME	-	Change Addition
STREET ADDRESS		REET ADDRESS		
		- 1		1
CITY-ST-ZIP	☐ DELETE TITE	Y-ST-ZIP		!
NAME	NAA	· ·	·	☐ Change ☐ Addition
STREET ADDRESS		EET ADDRESS		
CITY-ST-ZIP  14   Legeby certify that the information supr		Option stated in South		1
14. I hereby certify that the information supplied indicated on this annual report or supplied	mental annual report is true and sound	that my signature at	on 119.07(3)(i), Florida Statutes, Lifurth	or podit. II

indicated on this annual report or supplemental annual report is true and activity that the information officer or director of the corporation or the receiver or trustee empowered to this report as required by Chapter 607, Florida Statutes; and that my name appears in