

FILE NOW: FILING FEE AFTER MAY 1 IS \$5!

FILED

May 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF  
Sandra B. Mc  
Secretary of  
DIVISION OF CORP

DOCUMENT # P96000093847 (7)

1. Corporation Name

SARATOGA ENTERPRISES, INC.



Principal Place of Business

241 SEVILLA AVE  
SUITE 805  
CORAL GABLES FL 33134

Mailing Address

241 SEVILLA AVE  
SUITE 805  
CORAL GABLES FL 33134-0800

3. Date Incorporated or Qualified

11/15/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0752444

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

DE LA CRUZ, LUIS F  
241 SEVILLA AVE  
SUITE 805  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

net  
set Address (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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: Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME               | STREET ADDRESS            | CITY - ST - ZIP       | 1                               | 2                               | 3                                 | 4 | 5 | 6 |
|-------|--------------------|---------------------------|-----------------------|---------------------------------|---------------------------------|-----------------------------------|---|---|---|
| PSD   | BERTONATTI, CARLOS | 241 SEVILLA AVE., STE 805 | CORAL GABLES FL 33134 | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |   |   |   |
| TITLE | NAME               | STREET ADDRESS            | CITY - ST - ZIP       | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |   |   |   |
| TITLE | NAME               | STREET ADDRESS            | CITY - ST - ZIP       | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |   |   |   |
| TITLE | NAME               | STREET ADDRESS            | CITY - ST - ZIP       | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |   |   |   |
| TITLE | NAME               | STREET ADDRESS            | CITY - ST - ZIP       | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |   |   |   |
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| TITLE | NAME               | STREET ADDRESS            | CITY - ST - ZIP       | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |   |   |   |

14. I do hereby certify that the information supplied with this filing does not qualify for 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Date

Daytime Phone #

0182848

CR2E034 (9/96)