## 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 Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90116 045 \*\*\*158.75

## DOCUMENT # P97000045619

1. Corporation SANGUIO	GNI SERVICES, INC.	Mailing Address				
4928 SW 24 AV	VE	4928 SW 24 AVE				
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312				DO NOT WEITE IN THIS	CDACE	
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 06/01/1997	·+•· -1:	
-2: Principal·P	face of Business -	2a. Mailing Address		4: FEI Number	··	olled For
21		26		65-0753171		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
22		City & State				·
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 i Added to	
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation owes the current year In		71 663
<b>—</b> '	25	29 30		Personal Property Tax.	Tangible ☐ Yes	N No
24	9. Name and Address of Curre	11	<u> </u>	10. Name and Address of New Registered		7
	J. Hamo and Madroso S. Parte.		81 Name			
SANGUIGNI, MICHAEL			00 00 144	(D.O. Day N. sebasia Net Assessable)		
4928 SW 24 AVE FT LAUDERDALE FL 33312		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			83			
					Table 7:- 0	\
			84 City	FL	_   85   Zip C	ode
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was authorations of Section 607.0505, Florida	przed by the corporati	poration submits this statement for the purpose of ion's total of directors. I hereby accept the appointment reinstating that the contract reinstating the contract reinsta	intment as reg	jistered
office or n agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was authorations of Section 607.0505, Florida	Statutes.	ion's today of directors. I hereby accept the appo	intment as reg	Jistered
office or n agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re	Statutes.	constroated of directors. I hereby accept the appointment of the constraint of the c	intment as reg	Jistered
office or n agent. I a SIGNATURE 12.	registered agent, or both, in the State on familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the state of the obligation of the obligati	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Red	Statutes.	constroated of directors. I hereby accept the appointment of the constraint of the c	Intment as reg	RS IN 12
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obli	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Red	Stadenos.	constroated of directors. I hereby accept the appointment of the constraint of the c	Intment as reg	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State in familiar with, and accept the obligation of the obligation	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Red	Stophnos.  Stophnos.  Africa Agril signification of the stophnos.  13.  1.1 ITLE  2. NAME	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR  Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obli	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Red	Agric by the corporation of the	constroated of directors. I hereby accept the appointment of the constraint of the c	Intment as reg	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State in familiar with, and accept the obligation of the control of the obligation of the control of the co	of Florida, Such change was authorations of, Section 607.0505, Florida interest of the section for the section	Agrical Signature oquin	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR  Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida, Such change was authorations of, Section 607.0505, Florida interest of the section for the section	13.  1.1 ITLE  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR  Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	registered agent, or both, in the State maintainer with, and accept the obligation of the control of the obligation of the control of the con	of Florida, Such change was authorations of, Section 607.0505, Florida  int and title if applicable (NOTE: Recond DIRECTORS)  DELETE	13. 1.1 ITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 NAME 2.2 NAME	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida, Such change was authorations of, Section 607.0505, Florida  int and title if applicable (NOTE: Recond DIRECTORS)  DELETE	13. 1.1 ITLE 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR  Change	RS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida, Such change was authorations of, Section 607.0505, Florida  int and title if applicable (NOTE: Recond DIRECTORS)  DELETE	1.1 TILE 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida, Such change was authorations of, Section 607.0505, Florida  int and title if applicable (NOTE: Recond DIRECTORS)  DELETE	13. 1.1 TILE 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13. 1.1 TILE 2. NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOI Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Recond DIRECTORS)  DELETE  DELETE	13. 1.1 TILE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State m familiar with, and accept the obligation of the control of the obligation of the control of the con	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13. 1.1 TILE 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOI Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the State of Amiliar with, and accept the obligation of PSD SANGUIGNI, MICHAEL J 4928 SW 24 AVE FT LAUDERDALE FL 33312 VTD SANGUIGNI, MELANIE K 4928 SW 24 AVE FT LAUDERDALE FL 33312	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 TITLE	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of Amiliar with, and accept the obligation of PSD SANGUIGNI, MICHAEL J 4928 SW 24 AVE FT LAUDERDALE FL 33312 VTD SANGUIGNI, MELANIE K 4928 SW 24 AVE FT LAUDERDALE FL 33312	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of Amiliar with, and accept the obligation of PSD SANGUIGNI, MICHAEL J 4928 SW 24 AVE FT LAUDERDALE FL 33312 VTD SANGUIGNI, MELANIE K 4928 SW 24 AVE FT LAUDERDALE FL 33312	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13- 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOR Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of Amiliar with, and accept the obligation of PSD SANGUIGNI, MICHAEL J 4928 SW 24 AVE FT LAUDERDALE FL 33312 VTD SANGUIGNI, MELANIE K 4928 SW 24 AVE FT LAUDERDALE FL 33312	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13- 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	registered agent, or both, in the State of Amiliar with, and accept the obligation of PSD SANGUIGNI, MICHAEL J 4928 SW 24 AVE FT LAUDERDALE FL 33312 VTD SANGUIGNI, MELANIE K 4928 SW 24 AVE FT LAUDERDALE FL 33312	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE	13- 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRESS	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of Amiliar with, and accept the obligation of PSD SANGUIGNI, MICHAEL J 4928 SW 24 AVE FT LAUDERDALE FL 33312 VTD SANGUIGNI, MELANIE K 4928 SW 24 AVE FT LAUDERDALE FL 33312	of Florida. Such change was authorations of, Section 607.0505, Florida int and title if applicable (NOTE: Re ND DIRECTORS  DELETE  DELETE  DELETE	13- 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	constroated of directors. I hereby accept the appointment of the constraint of the c	ND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition

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 13 if changed of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2-8-1999 (954) 962-4925