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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000057653 (2) **DOCUMENT #**

S & GLEZ, INC.

FILED Mar 20 1998 8:00am Secretary of State



98 305-259-4070

Principal Place of Business Mailing Address 13260 S.W. 131ST STREET 13260 S.W. 131ST STREET DO NOT WRITE IN THIS SPACE MIAMI FL 33186 MIAMI FL 33186 3. Date incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For -0767089 Ot. 129 Ct 2129 12508 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami Mami Trust Fund Contribution 23 Added to Fees This corporation owes or has paid the current year Intangible 3186 3186. ซีรห USA 24 Personal Property Tax due June 30. □ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GONZALEZ, SILVIO 13280 S.W. 1816T STREET 12208 SW 129 Ct. 82 Street Address (P.O. Box Number is Not Acceptable) UNIT-119 83 **MIAMI FL 33186** 84 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition D 1.1 TITLE Change TITLE **GONZALEZ. SILVIO** NAME 1.2 NAME 18280 S.W. 1815T ST UNIT 119 12208 SW 129 STREET ADDRESS 1.3 STREET ADDRESS CA. **MIAMI FL 33186** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 6.1 TOTLE NAME 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE:

SIGNATURE