

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 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90136 031 \*\*\*150.00

**DOCUMENT # P97000071108**

1. Corporation Name  
**SAGUA LA GRANDE COMPANY**

Principal Place of Business  
**1315 LUDLAM DRIVE  
MIAMI SPRINGS FL 33166**

Mailing Address  
**1315 LUDLAM DRIVE  
MIAMI SPRINGS FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/18/1997**

4. FEI Number  
**65-0774852**

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 **8625 S.W. 152 AVENUE**

2a. Mailing Address  
26 **8625 S.W. 152 AVE.**

Suite, Apt. #, etc.  
22 **#246**

Suite, Apt. #, etc.  
27 **#246**

City & State  
23 **MIAMI, FLORIDA**

City & State  
28

Zip  
24 **33193**

Country  
25

Zip  
29

Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ-BORROTO, RENE  
8625 SW 152ND AVE  
#246  
MIAMI FL 33193**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE  
**D**  
NAME  
**PEREZ-BORROTO, RENE**  
STREET ADDRESS  
**8625 SW 152ND AVE #246**  
CITY-ST-ZIP  
**MIAMI FL 33193**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
**D**  
NAME  
**HERNANDEZ, JOEL**  
STREET ADDRESS  
**4315 LUDLAM DRIVE**  
CITY-ST-ZIP  
**MIAMI SPRINGS FL 33166**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
**D**  
NAME  
**PEREZ-BORROTO, CONCEPCION**  
STREET ADDRESS  
**8625 SW 152ND AVE #246**  
CITY-ST-ZIP  
**MIAMI FL 33193**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
**D**  
NAME  
**PEREZ-BORROTO, CONCEPCION**  
STREET ADDRESS  
**8625 SW 152ND AVE #246**  
CITY-ST-ZIP  
**MIAMI FL 33193**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
**D**  
NAME  
**PEREZ-BORROTO, CONCEPCION**  
STREET ADDRESS  
**8625 SW 152ND AVE #246**  
CITY-ST-ZIP  
**MIAMI FL 33193**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
**D**  
NAME  
**PEREZ-BORROTO, CONCEPCION**  
STREET ADDRESS  
**8625 SW 152ND AVE #246**  
CITY-ST-ZIP  
**MIAMI FL 33193**

6.1 TITLE  
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: **RENE PEREZ BORROTO** JAN 6 1999 305-387-6174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0241816