**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

Secretary of State

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90240 035 \*\*\*158.75

## Katherine Harris

•	1999		IVISION OF CO	REUR	W110	113	_					
DOCUMENT # P97000073178  1. Corporation Name SAGOM CORP.												
Oringian Plans	of Business	Mailing Add	rass.			<del></del>	- Fill Britan or its contra	idri skiri same s	atti batti tari	M STORE FORDER OF	1861 1841 1881	
Principal Place		10269 SW FLAGER TERRACE				1						
10269 SW FLAG MIAMI FL 33174		MAMI FL 33174										
								NOT WRITE	IN THIS SI	PACE		1
							3. Date Incorporated or	Qualifeo				l
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					08/22/1997 4. FEI Number			Ann	iled For	1
<del></del> ,	ace of Business	2a. Mailing Address				65-0783514				Applicable	i .	
Suite, Apt. #	H atc	26 Suite, Apt. #, etc.						!~	~	\$8.75 A	dditional	1
	r, 616.	27					5. Certificate of Status I	estred /	<u> </u>	Fee Rec	periuj	
City & State		City & State				6. Election Campaign F	inancing r	7	\$5.00	May Be	ļ	
23		28					Trust Fund Contribut	ion		Added to	Fees	1
Zip	Country	Zip		Con	ntry		8. This corporation owe	s the current	year Intan	gible	معسقة سعا	نتد ند
24	25	29	30	0			Personal Property Ta	as New Dee			⊡No	-
	9. Name and Address of Current	Registered Age	ent		81	Name .		1. 1	I STOLEGY AL	Total		1
ADA7	7074 COMAS DE TORRES&FERN	NDC7-FDAG	A-DA			170	mez EINE	510 F	<u>)</u>			1
	MADEIRA-AVE	AIDER I I MON	TOCAT NAON, PA-			Street Addr	ess (P.O. Box Number Is N	ot Acceptable	<del>/</del>		•	1
	AL GABLES FL-33134				83	1000	7 300 114	gu,,		<del></del>		1
	TE OFFICE OF TE OUT OF		•						. <del> ,</del>	a=1 == a	- 4 -	
						City LA	ami		FL	85 Zip C	שרנ	
44 Pursuant t	to the provisions of Sections 607.0502 egistered agent, or-both, in the State of m familiar with and accept the obligation	and 607.1508.	Florida Statutes.	, the a	bove-	named com	oration submits this stateme	nt for the pu	rpose of ch	enging its	egistered	1
office or re	egistered agent, or both, in the State of	Florida, Such o	change was auth	norized a Stati	t by th	he corporation	in's board of directors. I her	eby accept to	ne appointr	nent as reg	stered	
	m ramiliar with and accept the doingain	2 9/	9	• • • • • • • • • • • • • • • • • • • •			,					ļ
SIGNATURE	Signature, typed or printed name of registered agent a	and this if applicable.	(NOTE: Re	egistered	Ageni	signature require	i when reinstating)		DATE			8
12.	OFFICERS AND			13.			ADDITIONS/CHANGE	S TO OFFIC		DIRECTOR	Addition	CR2E034 (11/98)
TITLE	☐ DELETE		1,1 TITLE					,		O	4	
NAME	GOMEZ, ERNESTO A			1.2 N								္မ
STREET ADDRESS	10269 S W FLAGLER TERR			1		ADDRESS						22
CITY-ST-ZIP	MIAMI FL 33174		□ DELETE	1.4 CI 2.1 TI	TY-ST-	24				Change	Addition	Ö
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NAME STREET ADDRESS	10269 SW FLAGLER TERR			1		ADDRÉSS -		·· -= · · ·				
CITY-ST-ZIP	MIAMI FL 33174				TY-ST	- 1						
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NAME				3.2 N	AME	-						Ĭ
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NAME				4.2 N								1
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STREET ADDRESS				6.3 S	TREET	ADDRESS						]
COTY PT 700				6.4 CI	TY-ST-	.21P						

14. hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3xi), Florida Statutes. I further certify that the Information indicated on this annual report or suppliemental 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR