FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortifam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092447 (6)

SABRIJO INVESTMENTS INC. Principal Place of Business Mailing Address **BIS THOMPSON RD** 819 THOMPSON RD LITHIA FL 33547 LITHIA FL 33547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & Stale 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LAMPP, YVETTE 819 THOMPSON RD Street Address (P.O. Box Number is Not Acceptable) LITHIA FL 33547 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 Horida. 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. d Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE Change NAME 1.2 NAME *HOMOSON STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2. 4 City-St-ZIP DELFTE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZiP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

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 arrival report or supplienental arrival 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

6.4 CITY-ST-ZIP

SIGNATURE:

CATY+ST-ZIP

Yvete LAMPA

FILED

Mar 16 1998 8:00am

Secretary of State