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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000093587 (8)

FILED Jan 15 1998 8:00am Secretary of State

SAPI, INC.								
Principal Place of Business Mailing Address						I CARLESON CIR INNEL CARDIT MARIT CARLET MANI		DI 18111 1881 1891
1901 BRICKELL AVENUE B-1511 MIAMI FL 33129		1901 BRICKELL AVENUE B-1511 MIAMI FL 33129		DO NOT WRITE IN	I THIS SPACE			
:						3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a, Mailing Address				10/27/1997 4. FEI Number		Applied Co.
21		26			65-07917	• • •	Applied For Not Applicable	
Suite, Apt. #, elc.		Suite, Apt #, etc.				¢0.75	Additional	
22		27			5. Certificate of Status Desired		Required	
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23		28			Trust Fund Contribution		d to Fees	
Zip	Country Zip		<u> </u>	intry		8. This corporation owes or has paid	the current year I	Intangible
24	25 29 3			Personal Property Tax due June 30. Yes No			☐ No	
<u> </u>	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Regis	stered Agent	
COSTA, HELEN C ESQ				0	Name			
7330 W 20TH AVENUE				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
MIAMI LAKES FL 33016-1635				83			 	
					_			
				64	City		FL 85 Zi	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florid				LLL DOVE-	named corns	oration submits this statement for the nurr		Lits registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	d by	the corporati	on's board of directors. I hereby accept t	he appointment a	as registered
Į.	in tarbinar wint, and accept the ornig	ations of, acction corrector, r	ionua stat	uios.				
SIGNATURE	Signature, typical or printed name of registered age	ent and i the if applicable. (NO	It: Rog stered	d Agen	l signature require	ed when reinstating)	DATÉ	
12.	-	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D	DELETE	1110				L Change	Addition
NAME PINEYRO, ANA MATILDE		4P44	1.2 NAME					
STREET ADDRESS	-			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL 33129 D	DELETE		IY-SI-	- ZIP		Change	La delica de
NAME	ROMAN, SABRINA	TT DETETE	2 1 111 2 2 NA				☐ Change	Addition
1	1901 BRICKELL AVENUE B-1511				pppcon			
CITY-ST-ZIP				2 3 STREET ADDRESS 2 4 City-St-Zip				
TITLE	Pilir did i C OO I EO	☐ DELETE	3.1 TIT		-ZIF		Change	Addition
NAME				3.2 NAME			and another	
STREET ADDRESS				3.3 STREET ADDRESS				
CHY-ST-ZIP				3.4. CITY-S1-ZIP				
THLE		DELETE	4.1 111				Change	Addition
NAME			4. 2 N	AME	ĺ			
STREET ADDRESS			4.3 ST	REET A	ODRESS			
City-St-ZIP	A41		4.4 CI	TY-ST-	· ZIP			
THLE		☐ DELETE	5.1 TIT	LE			☐ Change	☐ Addition
NAME			5.2 NA	ME				1
STREET ADDRESS			5.3 \$1	REET A	DDRESS			1
CITY-ST-ZIP				IY-ST-	ZIP			
TIILE		☐ DELETE	61111				☐ Change	Addition
NAME			6.2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP	16 at at at a	00.105.605	6.4 CI1	IY-ST-	ZIP	Continue 14D 07/20/0) Florida Day 1 14		

14. Thereby 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 aquired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainment with an address.

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