## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000096145 (2)

SAGAING ENTERPRISES, INC.

## **FILED** Aug 05 1998 8:00am Secretary of State



7/21/98 13057255-2468

Principal Place of Business	Mailing Address		r nedizha: sia tarii abrii abrii abrii ebiit faita faita filia filia filia fili ifai
13813 SW 90TH #103	13813 SW 90TH #103		
MIAMI FL 33176	MIAMI FL 33176		
			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 11/07/1997
2. Principal Place of Business	2a. Malling Address		4. FEI Number Applied For
21	26	· · · · · · · · · · · · · · · · · · ·	65-0792096 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	of Current Registered Agent	1	10. Name and Address of New Registered Agent
00, KO <b>KO</b>		81 Name	
13813 SW 90TH #103	13813 SW 90TH	AVE 00	
MIAMI FL 33176	s # [O]	82 Street	Address (P.O. Box Number is Not Acceptable)
Please correct	13813 SW 90TH # 101 mirmi FL 33176	83	
my address to		84 City	FI 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 charging 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'S			7/2/198
Stockature, typud or primed name of re-		OTE: Registered Agent signature	required when reinstating) DATE
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	DELETE	1.1 TITLE	Change Addition
NAME OO, KO KO		1.2 NAME	
STREET ADDRESS 13813 SW 90TH #103		1.3 STREET ADDRESS	* :
CITY-ST-ZIP MIAMI FL 33176		1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	•
STREET ADDRESS		2.3 STREET ADDRESS	₩ 1400
CITY-ST-ZIP		2.4 CITY-ST-ZIP	100
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		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-ZIP	
TITLE	DELETE	5.1 TITLE	400026035004nge Addition -08/06/3801064001
NAME		5.2 NAME	-08/06/9801064 <b>00</b> 1
STREET ADDRESS		5.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS		6.3 STREET ADDRESS	<b>⊅%</b> ⊅
CITY-ST-ZIP		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 of the receiver or frustee 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, if on an attachment with an address.			

Fl Dept of State Div of Corporations P O Box 1500 Talhassee Fl 32302-1500

July, 10 1998

RE: Annual Report P 97000096145

Dear Sir: '

We have incorporated at Nov 1997, and received our certificate of incorporation but never received any first notice of annual report. Now we receive this 2<sup>nd</sup> notice of annual report for the penalty & filing fee total \$550.00 and would like to ask for the wave of this penalty.

Enclosed please find the check for the amount of 150.00 for the filing and let us know the decision of the state.

Your help on this matter are very appreciated.

Truly,

Ko Ko Oo/President