PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90011 022 ***550.00

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DOCUMENT # S53171

SAGI INC.

District Di	- AD	Mark Addison					
Principal Place of Business Mailing Address							
3530 MYSTIC POINT DRIVE 3530 MYSTIC POINT DRIVE							
AVENTURA FL 33180 AVENTURA FL 33180					DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualifed 05/17/1991		
2. Principal F	Principal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For
21		26			APPLIED FOR 65-08924		lot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	7	to Fees_
Zip	Country	Zip	Country	1	8. This corporation owes the current year I	ntangible	
24	25	29 30	o		Personal Property Tax.	☑ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
ROS	SEN. LAWRENCE N ESQ		81	Name			
LAWRENCE N. ROSEN, P.A. 2925 AVENTURA BOULEVARD, SUITE 308 AVENTURA FL 33180			82 Street Add		ess (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agei	nt signature required	when reinstating) DATE		
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	UD DIDEAS	
TITLE	DPS	☐ DELETE	4.4 TITLC			AND DIRECT	ORS IN 12
NAME	GRIMBERG, ISAAC		1.1 TITLE	[Change	
STREET ADDRESS			1.2 NAME				
CITY-ST-ZIP	-		1.2 NAME	TADDRESS			
OITT-BT ES	3530 MYSTIC POINT DR. #1215 AVENTURA FL 33180	5	1.2 NAME	t		☐ Change	Addition
TITLE	-		1.2 NAME 1.3 STREE	t			
	-	5	1.2 NAME 1.3 STREE 1.4 CITY-S	t		☐ Change	Addition
TITLE	AVENTURA FL 33180	5	1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	t		☐ Change	Addition
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

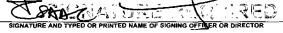
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ DELETE

Change

☐ Addition