

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

FILED  
Jul 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S59045 (2)  
1. Corporation Name  
SAGITARIUS ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1110 BRICKELL AVENUE, #405  
MIAMI FL 33131

Mailing Address  
1110 BRICKELL AVENUE, #405  
MIAMI FL 33131

2. Principal Place of Business  
21 1172 South Dixie Hwy  
Suite, Apt. #, etc. 241  
22 City & State Coral Gables FL  
23 Zip 33146 Country FL  
24

2a. Mailing Address  
26 1172 South Dixie Hwy  
Suite, Apt. #, etc. 241  
27 City & State Coral Gables  
28 Zip 33146 Country FL  
29 30

3. Date Incorporated or Qualified  
06/12/1991

4. FEI Number 65-0342511  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VTA, INC.  
3411 INDIAN CREEK DR., #1402  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name CTC Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) 1172 South Dixie Hwy Suite 241  
83  
84 City Coral Gables FL 85 Zip Code 33146

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 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

Wang, F. (Mr. Wang / President) 6/3/98

Signature typed or printed name of registered agent and then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HOFMAN, KARIN  
STREET ADDRESS 1172 S. DIXIE HIGHWAY, #241  
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME SCHEIDEGGER Martin  
1.3 STREET ADDRESS 1172 S. Dixie Hwy #241  
1.4 CITY-ST-ZIP Coral Gables FL 33146 ☒ Change ☐ Addition

2.1 TITLE S  
2.2 NAME LEE CHENG  
2.3 STREET ADDRESS 1172 S. Dixie Hwy #241  
2.4 CITY-ST-ZIP Coral Gables FL 33146 ☐ Change ☒ Addition

3.1 TITLE VP  
3.2 NAME LEO JERABEL  
3.3 STREET ADDRESS 1125 South Dixie Hwy #241  
3.4 CITY-ST-ZIP Coral Gables FL 33146 ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

3/1/98 305-5317765

CR2E034 (10/97)