

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 25 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77584 (8)**
1. Corporation Name
SUGAR CHA-CHA INC.

Principal Place of Business	Mailing Address
2148 N.W. 17TH AVE. UNIT 6 & 7 MIAMI FL 33142-7420	2148 N.W. 17TH AVE. UNIT 6 & 7 MIAMI FL 33142-7420

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/04/1991	3a. Date of Last Report 05/23/1994
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4. FEI Number 65-0280518	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

MARTINEZ, DAISY
1550 W. 84TH ST #77
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Daisy Martinez*
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, CARLOS
STREET ADDRESS	240 S. ROYAL POINCIANA
CITY-ST-ZIP	MIAMI SPRGS FL
TITLE	LAZARO MARTINEZ - SECRETARY
NAME	LAZARO MARTINEZ
STREET ADDRESS	2148 NW 17 AVE.
CITY-ST-ZIP	MIAMI, FL. 33142
TITLE	ROBERTO RODON - Vocal
NAME	ROBERTO RODON
STREET ADDRESS	2199 NW 22 AVE
CITY-ST-ZIP	MIAMI, FL. 33142
TITLE	TRISA FIGUEROA - Vocal
NAME	TRISA FIGUEROA
STREET ADDRESS	2199 NW 22 AVE
CITY-ST-ZIP	MIAMI FL. 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/95 (305) 324-7874