

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PH 5: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035214  
1. Corporation Name  
**SAAVEDRA ENTERPRISES, INC.**

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **MAY 10, 1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
<b>31 8163 DIAMOND COVE CIRCLE</b>		<b>26 8163 DIAMOND COVE CIRCLE</b>		<b>59-3292497</b>		Not Applicable	
Suite Apt. #, etc		Suite Apt. #, etc		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>23 ORLANDO, FL</b>		<b>28 ORLANDO, FL</b>					
Zip	Country	Zip	Country				
<b>24 32836</b>	<b>25 ORANGE</b>	<b>29 32836</b>	<b>30 ORANGE</b>				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CESAR A SAAVEDRA 8163 DIAMOND COVE CIRCLE ORLANDO, FL 32836</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		<b>FL</b>					

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT/TREASURER/SECRETARY</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CESAR A. SAAVEDRA</b>	1.2 NAME	<b>500001476655</b>
STREET ADDRESS	<b>8163 DIAMOND COVE CIRCLE</b>	1.3 STREET ADDRESS	<b>-05/05/95--01007--008</b>
CITY, ST, ZIP	<b>ORLANDO, FL 32836</b>	1.4 CITY, ST, ZIP	<b>****200.00 ****200.00</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(h), 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 of this report or in an attachment with an address.

SIGNATURE: Cesar A. Saavedra **CESAR A. SAAVEDRA** **APRIL 27, 1995 (407) 248-9453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR