

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 FEB 10 AM 8:30
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G62110 (3)

1. Corporation Name
SIAMESE, INC.

Principal Place of Business
**235 N.E. 199TH LANE
ONE SOUTHEAST THIRD AVENUE
N. MIAMI BEACH FL 33179
US**

Mailing Address
**235 N.E. 199TH LANE
ONE SOUTHEAST THIRD AVENUE
N. MIAMI BEACH FL 33179
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1983** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2635175** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACAL, SHIKE
235 NE 199 LN
N MIAMI BCH FL 33179**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **AS**
NAME **BACAL, SHIKE**
STREET ADDRESS **235 N.E. 199TH LANE**
CITY- ST- ZIP **N. MIAMI BEACH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

TITLE **PTD**
NAME **BACAL, LEON**
STREET ADDRESS **AVE CUATRO NO 24N60**
CITY- ST- ZIP **CAI, COLOMBIA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

DELETE ALL

TITLE **VSD**
NAME **BACAL, EVA**
STREET ADDRESS **AVE CUATRO NO 24N60**
CITY- ST- ZIP **CAI, COLOMBIA**

3.1 TITLE **PTD**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Change Addition

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I have attached to an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/95

305-593-9494