

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

**FILED**

**Mar 27 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # L17514 (5)**  
1. Corporation Name  
**SKRLD, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>201 ALHAMBRA CIR. #1102<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>201 ALHAMBRA CIR. #1102<br/>CORAL GABLES FL 33134-5108</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/19/1989</b>  | 3a. Date of Last Report<br><b>03/18/1996</b>           |
| 4. FEI Number<br><b>65-0241847</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

9. Name and Address of Current Registered Agent  
**TORRE, HELIO DE LA  
201 ALHAMBRA CIR.  
#1102  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |  |
|-----------------|--|
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>SIEGFRIED, STEVEN M.</b>              |
| STREET ADDRESS  | <b>201 ALHAMBRA CIR. #1102</b>           |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>                   |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>RIVERA, OSCAR R.</b>                  |
| STREET ADDRESS  | <b>201 ALHAMBRA CIR. #1102</b>           |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>                   |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>LERNER, LISA A.</b>                   |
| STREET ADDRESS  | <b>201 ALHAMBRA CIR. #1102</b>           |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>                   |
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>TORRE, HELIO DE LA</b>                |
| STREET ADDRESS  | <b>201 ALHAMBRA CIR. #1102</b>           |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>                   |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE          |
| 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 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: Oscar R. Rivera **Oscar R. Rivera** 3/18/97 305-442-3334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date Daytime Phone #

CR2E034 (9/96)