

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000005386
1. Entity Name

S I A P, INC.

FILED

02 NOV -6 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2645 SW 115 Ave Suite, Apt. #, etc.		3. Mailing Address 2645 SW 115 Ave Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami, FL	
Zip 33165	Country USA	Zip 33165	Country

4. FEI Number 65-1035172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Olga H. Reyes	
Street Address (P.O. Box Number is Not Acceptable) 2645 SW 115 Avenue	
City Miami	FL Zip Code 33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rêyes, Olga H. 2645 SW 115 Ave Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200009027572 11/15/02--01080--022 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Comptis, Boniblu 13170 SW 17 Ter Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perez, Olga T 2645 SW 115 Ave Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Olga H. Reyes Olga H. Reyes Director 07/05/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIAP, INC.

July 3, 2002

Department of State
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

As per telephone conversation with your department at (850) 245-6059 Reinstatement Section on today date, asking why our corporation is inactive if we do not receive any notification. Following your instruction, please find a temporary form of the Annual Report with a check for \$300.00 together with this letter of explanation.

Thank you, for takes care our case. If you need additional information, do not hesitate to call us.

Sincerely,



Olga H. Reyes
President