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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUM	MENT # 040443	•				02-11	-1999 90012 05	50 ***150.00	
1 Corporation	. 33159 MIAMI FL 33159  cipal Place of Business 2a. Mailing Address					,			
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SINGAN	INTERNATIONAL, INC.		NATIONAL AIRPORT 2313 159  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 11/30/1960  Address  4. FEI Number  Applied For						
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P O BOX 59-23 MIAMI FL 33159						٥	O NOT WRITE	IN THIS SPACE	•
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						11/30/1960	•		
2. Principal Pl	lace of Business	2a. Mailing Address	s			4. FEI Number			Applied For
21		26				59-0911481			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	tc.		-	5. Certificate of Statu	e Desired		5 Additional
22		27				5. Certificate of State	3 Desired E	Fee	Required
City & State	e	City & State			·	6. Election Campaign	n Financing		00 May Be
23		28				Trust Fund Contril	bution	Add	ed to Fees
Zip	Country	Zip		ountry		8. This corporation of			
24	25	29	30			Personal Property		Yes	No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Addre	ss of New Reg	istered Agent	
VAV	AL DAVMOND I			81	Name				
	AL, RAYMOND J. ) S.W.99TH.TERRACE			82	Street Addre	ess (P.O. Box Number is	Not Acceptable	e)	
	MI FL 33156					10 1 212		3 2 3 2 4 1 5 2 5 4 1 5	2
MIAN	MI FL 33136			83			医性 建糖	<b>别意,还是</b>	
							10 8 -9 1 1 1	85 2	ip Code
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11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the		named sorns	oration submits this state	ment for the pur	FL rose of changing	its registered s registered
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14. 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 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State**