

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

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 537776 (7)
1. Corporation Name
SIGMAR CORPORATION

Principal Place of Business
KEY COLONY #1 CONDOMINIUM, UNIT 730
201 CRANDON BLVD
KEY BISCAIYNE FL 33149

Mailing Address
550 NE LW JEUNE RD
STE 305
MIAMI FL 33128-5671
US



3. Date Incorporated or Qualified 06/23/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1754333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 550 NW LE JEUNE RD
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
24 Country	29 Zip
25	30 Country

9. Name and Address of Current Registered Agent EVANS, LESLIE R. 250 ROYAL PALM WAY PALM BEACH FL 33480	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARUSCHKE, SIEGFRIED	1.2 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	1.3 STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO DO	1.4 CITY- ST- ZIP	
TITLE	AT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARUSCHKE, SIEGFRIED	2.2 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	2.3 STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO DO	2.4 CITY- ST- ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARUSCHKE, MERCEDES	3.2 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	3.3 STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO DO	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARUSCHKE, MERCEDES	4.2 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	4.3 STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO DO	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, HORTENSIA (ASST)	5.2 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	5.3 STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO DO	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, MARTA	6.2 NAME	
STREET ADDRESS	AVENIDA J.P. DUARTE #13	6.3 STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO DO	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 included 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:  4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)