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

2a. Mailing Address

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000879 (3)

SIVAD HOLDING CORPORATION

Principal Place of Business Mailing Address

2541 LAGUNA TERRACE 2541 LAGUNA TERRACE
FORT LAUDEDALE FL 33316 FORT LAUDEDALE FL 33316

FILED Feb 02 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

954.463.8791

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/10/1997

75-2637327

5. Certificate of Status Desired

4. FEI Number

<u> </u>	City & Stati												6.				gh Financing	, _			Лау Ве
23						28								Trust	Fund	Contri	bution	Added to Fees			
	Zip	Country Zlp Cou						ntry			8. This corporation owes or has paid the current year intangible							ngible			
24		25 29 30 30 30 30 30 30 30 30 30 30 30 30 30																	☐ Yes	ᆜ	No
				.,	ent R	egistered	Agent	-			10. Name and Address of New Registered Agent										
ļ		SSHARDT,								81	Na	me					i				
%ALLEY,MAAS,ROGERS & LINDSAY, P.A.											\$tr	eet Addre	ss (F	P.O. B	ox Nun	nber i	Not Accep	table)			
1600 SE 17TH STREET, STE 404																	İ				
FORT LAUDERDALE FL 33316									83							'					
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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														registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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 registerod agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																					
12.				OFFICERS A	ND D	IRECTOR			13.					ADDIT	IONS/	CHAN	GES TO OF	FICERS AN	D DIRECT	ORS	IN 12
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stategy										stated in S	ectio	n 119	.07(3)(i), Flor	Ida Statutes	. I further co	ertify that t	the in	formation		
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.												l am an ears in									

THE REQUIRED