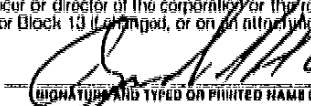


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	FILED 95 JUL -7 AM 8:54 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # G51068 (6)				
1. Corporation Name SIENA CORP.				
Principal Place of Business 1581 BRICKELL AVENUE, SUITE 1208 MIAMI FL 33129		Mailing Address 1581 BRICKELL AVENUE, SUITE 1208 MIAMI FL 33129		
2. Principal Place of Business 21 4960 SW 52 ST Suite, Apt. #, etc. 22 #415 City & State 23 DAVIE, FL Zip Country 24 33314 25 USA		2a. Mailing Address 26 4960 SW 52 ST Suite, Apt. #, etc. 27 #415 City & State 28 DAVIE, FL Zip Country 29 33314 30 USA		
3. Date Incorporated or Qualified 07/25/1983		3a. Date of Last Report 07/14/1994		
4. FEI Number 59-2363614		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent MCCLYMONDS, ROBERT C. 7900 RED ROAD SUITE 25 S. MIAMI FL 33143		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KOKIN, ALEJANDRO 1581 BRICKELL AVE., #1208 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PTD KOKIN, ALEJANDRO 1494 LANTANA CT FT. LAUDERDALE, FL 33326 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KOKIN, TODOR 1581 BRICKELL AVE., #1208 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VSD KOKIN, TODOR 1494 LANTANA CT FT. LAUDERDALE, FL 33326 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZANDIEH, MICAELA 18 WHITNEY CIRCLE GLEN COVE NY	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: 		ALEJANDRO KOKIN P 6/29/95 (305) 792-6133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Secretary of State # _____		