FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
1581 BRICKELL AVENUE, SUITE 1208 MIAMI FL 33129	1581 BRICKELL AVENUE, SUITE 1208 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1983
3a. Date of Last Report: 07/14/1994

2. Principal Place of Business	2a. Mailing Address
21 4960 SW 52 ST	26 4960 SW 52 ST
Suite, Apt. #, etc. 22 #415	Suite, Apt. #, etc. 27 #415
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL
Zip 24 33314 Country 25 USA	Zip 29 33314 Country 30 USA

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	10. Name and Address of New Registered Agent
MCCLYMONDS, ROBERT C. 7900 RED ROAD SUITE 25 S. MIAMI FL 33143	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☑ Change ☐ Addition
NAME	KOKIN, ALEJANDRO	1.2 NAME	KOKIN, ALEJANDRO	
STREET ADDRESS	1581 BRICKELL AVE.,#1208	1.3 STREET ADDRESS	1494 LANTANA CT	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE	VSD	2.1 TITLE	VSD	☑ Change ☐ Addition
NAME	KOKIN, TODOR	2.2 NAME	KOKIN, TODOR	
STREET ADDRESS	1581 BRICKELL AVE.,#1208	2.3 STREET ADDRESS	1494 LANTANA CT	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33326	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	ZANDKEH, MICAELA	3.2 NAME		
STREET ADDRESS	18 WHITNEY CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GLEN COVE NY	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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 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 — Daytime Phone #

0128907 CP