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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G62110 (3)

1. Corporation Name

SIAMESE, INC.

Principal Place of Business	Mailing Address
235 NE 199 LANE ONE SOUTHEAST THIRD AVE. N. MIAMI BCH FL 33179	SAME

3. Date Incorporated or Qualified: 8/25/1983
3a. Date of Last Report: 4/15/96

2. Principal Place of Business	2a. Mailing Address
21 2375 SW 183rd TERRACE	26 2375 SW 183rd TERRACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIRAMAR, FLORIDA	28 City & State: MIRAMAR, FLORIDA
24 Zip: 33029 25 Country: BROWARD	29 Zip: 33029 30 Country: BROWARD

4. FEI Number: 59-2635175 ☐ 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
SHIKE BACAL 235 NE 199 LANE N. MIAMI BCH FL 33179	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2375 SW 183rd TERRACE 83 84 City: MIRAMAR FL 85 Zip Code: 33029

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, type or print 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	AS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BACAL, SHIKE	1.2 NAME	
STREET ADDRESS	235 NE 199 LANE	1.3 STREET ADDRESS	2375 SW 183rd TERRACE
CITY-ST-ZIP	N. MIAMI BCH FL 33029	1.4 CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	PDT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BACAL, EVA	2.2 NAME	
STREET ADDRESS	AVE CUATRO NO. 24N60	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALI, COLOMBIA	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/6/97

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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 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: _____ SHIKE BACAL 4/28/97 305-593-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #