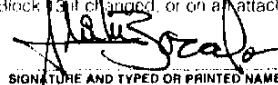


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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 235 NE 199 LANE ONE SOUTHEAST THIRD AVE. N. MIAMI BCH FL 33179		Mailing Address SAME	
2. Principal Place of Business 21 2375 SW 183rd TERRACE Suite, Apt. #, etc.		2a. Mailing Address 26 2375 SW 183rd TERRACE Suite, Apt. #, etc.	
22 City & State MIRAMAR, FLORIDA		27 City & State MIRAMAR, FLORIDA	
23 Zip 33029		28 Zip 33029	
24 Country BROWARD		29 Country BROWARD	
9. Name and Address of Current Registered Agent SHIKE BACAL 235 NE 199 LANE N. MIAMI BCH FL 33179		10. Name and Address of New Registered Agent 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 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			
1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP AS BACAL, SHIKE 235 NE 199 LANE N. MIAMI BCH FL 33029		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2375 SW 183rd TERRACE MIRAMAR, FL 33029	
2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP PDT BACAL, EVA AVE CUATRO NO. 24NGO CALL, COLOMBIA		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
3.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
4.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
5.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
6.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
14. I 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHIKE BACAL	
Date 4/28/97		Daytime Phone # 305-593-9494	

CR2E034 (9/96)