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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H24122

1. Corporation Name
CIOLEK, INC.

Principal Place of Business
20958 AVENEL RUN
BOCA RATON FL 33428
US

Mailing Address
P.O. BOX 970666
BOCA RATON FL 33497-0666
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 14 rue du Brigadier		26 P.O. Box 970844	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Blainville, Québec		28 Boca Raton Fla.	
Zip		Zip	
24 JTC 458		29 33497-0844	
Country		Country	
25 Canada		30 U.S.A.	

9. Name and Address of Current Registered Agent

CICOLI-KEKARAINEN, CHRISTIANE
20958 AVENEL RUN
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name Shirley Davis C.A.
82 Street Address (P.O. Box Number is Not Acceptable) 1919 N.E. 45th Street
83 Suite 122
84 City Ft. Lauderdale FL 85 Zip Code 33308

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 SHIRLEY F DAVIS EA

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	CICOLI-KEKARAINEN C.	1.2 NAME	CICOLI-KEKARAINEN C.
STREET ADDRESS	20958 AVENEL RUN	1.3 STREET ADDRESS	14 rue du Brigadier
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Blainville, Québec, Canada J7C4S8
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

Christiane C. Kekarainen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15th, 1999 (514) 238-6723
Date Daytime Phone #