

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J69424 (6)
1. Corporation Name
SIAM ENTERPRISES, INC.



Principal Place of Business Mailing Address
% ISRAEL P. SIAM % ISRAEL P. SIAM
3812 SW 8TH ST 3812 SW 8TH ST
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0003867	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Name and Address of Current Registered Agent PEREZ-SIAM, AND GARCIA P 122 MINORCA AVE. CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PTD	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SIAM, ISRAEL P.	1.2 NAME					
STREET ADDRESS	3812 SW 8TH ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP					
TITLE	VSD	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SIAM, ETHEL P.	2.2 NAME					
STREET ADDRESS	3812 SW 8TH ST	2.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP					
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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.

SIGNATURE:

1/13/98 3054453124

CP2E034 (10/97)