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

CORPORATION ANNUAL REPORT 1998 DOCUMENT # SAN SIRO, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		-	ICOLI PIRIL BIBIL BIBIL BIBIL (BBI
2033 MAIN STREET SUITE 104 SARASOTA FL 34237 US	2033 MAIN STREET SUITE 104 SARASOTA FL 34237 US		DO NOT WRITE IN TH 3. Date Incorporated or Qualified 06/25/1987	II S SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 13	26		59-2819805	Not Applicable
Sulte, Apt #, etc.	Suite, Apt. #, etc.	, · l ₄		\$8.75 Additional
22 1741 Main St. Suite 101	27 1741 Main 5	t. Suite 101	5. Certificate of Status Desired	Fee Required
City & State	City & State	GI.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zio Country	Zip Zip	Country	8. This corporation owes or has paid the	
24 34236 25 US	29 34236 3	ه کې اه	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
VENABLE, JOSEPH P.				
1400 4TH AVE., W BRADENTON FL 34205		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
CHADENTON PL 34203		83		
			······	
		84 City	F	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 Standard type of printed name of registered aperit and title if applicable. (NOTE Registered Apent signature required when reinstating) DATE				
Signature, typed or printed name of registered agent 12. OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
THE PD	DELETE	1.1 7ITLE	/IDDITIONS IN TALES TO STATE OF THE PROPERTY O	Change Addition
NAME RIVOLTA, PIERO	-	1.2 NAME		
STREET ADDRESS 2033 MAIN STR STE 106		1.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL		1.4 CITY - ST - ZIP		
TITLE 8	DELETE	2.1 TITLE		Change Addition
NAME VENABLE, JOSEPH P.		2.2 NAME		
STREET ADDRESS 215 ROBIN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP SARASOTA FL		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	DELETE	3.4. CITY-ST-ZIP 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		1
STREET ADDRESS		5.3 STREET ADDRESS		1
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 14 hereby certify that the information supplied with	this titing does not qualify for	6.4 CITY - ST - ZIP	Continu 110 07/9/// Elorida Statutas I furtha	coastifut had the information

r rereby certify triat the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplemental arrival 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 attrict ment with an address.