

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L10311 (3)

1. Corporation Name

SIR INTERNATIONAL INC.



Principal Place of Business

8204 NW 64 ST
MIAMI FL 33166

Mailing Address

8204 NW 64 ST
MIAMI FL 33166

3. Date Incorporated or Qualified

08/11/1989

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0138781

Applied For
Not Applicable

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

PACIOTTI, SESTILIO A.
9117 DICKENS AVE
SURFSIDE FL 33154

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Change of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PACIOTTI, SESTILIO A	☐ DELETE
2. ADDRESS	9117 DICKENS AVE.	
3. CITY, ST, ZIP	SURFSIDE FL	
4. TITLE	VP	☐ DELETE
5. NAME	PACIOTTI, SUZY R	
6. ADDRESS	9117 DICKENS AVE.	
7. CITY, ST, ZIP	SURFSIDE FL	
8. TITLE		☐ DELETE
9. NAME		
10. ADDRESS		
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96. TITLE		☐ DELETE
97. NAME		
98. ADDRESS		
99. CITY, ST, ZIP		
100. TITLE		☐ DELETE

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
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15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
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96. CITY, ST, ZIP	
97. TITLE	☐ Change ☐ Addition
98. NAME	
99. STREET ADDRESS	
100. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed in on any subsequent year.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (305) 593-8389

CR2E034 (12/95)