May 05, 1999 8:00 am Secretary of State

05-05-1999 90235 028 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L78381**

1. Corporation Name

SIDERFIMA CORPORATION

Principal Place	e of Business	Mailing Address	Mailing Address						
C/O RAUL LOY		C/O RAUL LOYOLA							
1101 BRICKELL PLAZA MIAMI FL 33131		1101 BRICKELL PLAZA Miami FL 33131				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						06/07/1990			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	h	pplied For	
21		26			·	65-0431332 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
22		27							
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip Country				This corporation owes the current year Intangit		10 1 000	
24	25 29 30		_	Personal Property Tax.			□No		
	9. Name and Address of Current		301			10. Name and Address of New Registered Age	nt		
			,	81	Name				
LOYOLA, RAUL				82 Street Address (P.O. Box Number is Not Acceptable)					
	BRICKELL PLAZA			12	Sileet Addi	Address (F.O. box Number is Not Acceptation)			
MIAN	AI FL 33131			83					
			ነ	84	City	8	5 Zip	Code	
r			ŀ		-	FL <u>"</u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove	-named corp	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointme	nging it ent as r	s registered egistered	
agent. I a	m familiar with, and accept the obligati	one of, Section 607.0505, Flori	ida Statu	tes.		1 1 00	4.4	·	
SIGNATURE	X/ C. V					HONE AD	<u>97</u>		
40	Signature, typed or printed name of registered agent OEPICERS AND		Registered .	Agent	: signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	
12.	PD GET TO AND	DELETE	1.1 TIT	LE			Change	☐ Addition	
NAME	MOROZOF, RAUL H		1.2 NA	ME					
STREET ADDRESS	ADTO 400 DAMPIA DATTIE V	AVDA	1.3 \$71	REET	ADDRESS			1	
CITY-ST-ZIP	FRANCIA		1.4 CIT	Y-\$T	-ZIP				
TITLE	SD	☐ DELETE	2.1 TIT	LE			Change	☐ Addition	
NAME	reddig, enrique w		2.2 NA	ME				ĺ	
STREET ADDRESS	CHALET MANDERLY CALLE		2.3 SΠ	REET	ADDRESS			þ	
CITY-ST-ZIP	ATLANTIDA Ý AVE. SAN		2. 4 CF	TY-S	T-ZIP				
TITLE	AS	☐ DELETE	3.1 TIT	LΕ			Change	☐ Addition	
NAME	LOYOLA, RAUL		3.2 NA	ME.				+	
STREET ADDRESS	1101 BRICKELL PLAZA		3.3 STI	REET	ADDRESS			1	
CITY-ST-ZIP	MIAMI FL		3.4. CF	ry-81	r-zip				
TITLE		☐ DELETE	4.1 TIT	LE		П	Change	☐ Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT		-ZiP		Chanas	T addition	
TITLE		☐ DELETE	5.1 TIT			Ц	Change	Addition	
NAME			5.2 NA		ADDRESO				
STREET ADDRESS					ADDRESS				
CFTY-ST-ZIP		□ perete	5.4 CIT 6.1 TIT		-ZIP		Change	Addition	
ππLE		☐ DELETE	6.2 NA		}	U	Junitye	L Addition	
NAME			0.∠ NA	MC.					

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 an other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZiP