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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

		AL REPC 1 996	, RI		Secreta DIVISION OF (ry of Sta CORPOF					
	OCUN Corporation I		# L789	49	(9)						
	SICCA	ARDI HOL	DINGS, INC.							E-E	(San Badat Babas add)
Pr	rincipal Place o	of Business		Ma	ailing Address				- 1 (0.0)(3)) 8)(1000) 10)(0.6)(1.6)	110 101F 0101F 0181F 0F0FF 0	
	% ROSSAN/ 4420 E 4TH HIALEAH FL	AVE			% ROSSANA SICCAR 4420 E 4TH AVE HIALEAH FL 33013	Di					
									3. Date Incorporated or Qualified 06/05/1990	3a. Date of Last I 04/28/	
2.	Principal Plac	ce of Busines	3S		Mailing Address				4. FEt Number		Applied For
21	0.34 A-1 4			26	Cuito Ant # etc				65-0207681	<u> </u>	Not Applicable
22	Suite, Apt. #,	, eic.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
	City & State				City & State		·· ·······		6. Election Campaign Financing		OO May Be
23	Zip	Т	Country	28	Zip	Co	untry		Trust Fund Contribution 6. This corporation has liability for its	Aud	ed to Fees
24		3	25	29		30	·····		Florida Statutes	X No	3 (00.002,
		9. Name i	and Address of Curre	nt Regis	tered Agent		24 1		10. Name and Address of New R	egistered Agent	
	010045	D. DOOO	***				81 Nar				
		RDI, ROSS/ : 4TH AVE	RNA				82 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	le)	
		H FL 3301	3				83				
			-				84 City			 85 2	ip Code
										FL	·
11								77	the second of the Market Company of the Salar Sa		
	or registere	d agent, or b	ooth, in the State of Flo	J2 and 60 rida. Such	7.1508, Florida Statute n change was authorize	s, the abod by the	ove-name consorati	corpora 1's board	tion submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its pintment as register	registered office ld agent. I am
	familiar with	and accep	t the ooligations of, So	orida. Such	7.1508, Florida Statute n change was authorize 0505, Florida Statutes.	s, the abod by the		_	tion submits this statement for the pur of directors. I hereby accept the appo	pose of changing its pintment as register	registered office Id agent. I am
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CITY: S1-ZIP

14. | do hereby certify that the information supplied with this filing 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 path; 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 rharged, or on an attachment with an address.

SIGNATURE: