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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90150 021 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L78949**

1. Corporation Name  
**SICCARDI HOLDINGS, INC.**



Principal Place of Business 4420 EAST 4TH AVE HIALEAH FL 33013 US	Mailing Address 4420 EAST 4TH AVE HIALEAH FL 33013 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>18840 NW 2nd Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc.
22 City & State 23 <b>Pembroke Pines, FL</b>	27 City & State 28 <b>FL</b>
24 Zip <b>33029</b> Country <b>U.S.A.</b>	29 Zip Country

3. Date Incorporated or Qualified <b>06/05/1990</b>	
4. FEI Number <b>65-0207681</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SICCARDI, ROSSANA**  
 4420 E 4TH AVE  
 HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name <b>Siccardi, Rossana</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>18840 NW 2nd Street</b>
83 City <b>Pembroke Pines, FL</b>
84 City <b>FL</b> 85 Zip Code <b>33029</b>

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 *Rossana Siccardi* **Rossana Siccardi President** DATE **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>SICCARDI, ROSSANA</b> <b>4420 E 4TH AVE</b> <b>HIALEAH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTV</b> <b>MASSON, JORGE L.</b> <b>4420 E 4TH AVE</b> <b>HIALEAH FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DPS</b> <b>Siccardi, Rossana</b> <b>18840 NW 2nd Street</b> <b>Pembroke Pines, FL 33029</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Rossana Siccardi* **Rossana Siccardi** DATE **4/27/99** (954) 441-85-86

CR2E034 (1/98)