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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L96809** (3)

1. Corporation Name

SKYSCRAPER INTERNATIONAL, INC.



Principal Place of Business

**801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131**

3. Date Incorporated or Qualified
08/30/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **701 Brickell Avenue**

26 **701 Brickell Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 850**

27 **Suite 850**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Zip

24 **33131**

Country

Country

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

**SULLIVAN, JOHN S.
801 BRICKELL AVE.
SUITE 1301
MIAMI FL 33131**

81 Name

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

701 Brickell Avenue

83 **Suite 850**

84 City **Miami**

FL

85 Zip Code **33131**

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent or director

12. Registered Agent's Signature and Address

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DR**
STREET ADDRESS **RODRIGUEZ-FRAILE, GONZALO**
CITY-ST-ZIP **801 BRICKELL AVE. #1301
MIAMI FL 33131**

TITLE ☐ DELETE
NAME **DPST**
STREET ADDRESS **SULLIVAN, JOHN S.**
CITY-ST-ZIP **801 BRICKELL AVE. #1301
MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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 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.

SIGNATURE: **John S. Sullivan/ Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/96

(305) 381-8340

(Signature)

(Signature)

CR2E034 (12/95)