

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES B. BARTON  
GOVERNOR, FLORIDA  
TALLAHASSEE, FLORIDA 32304-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:45

DOCUMENT # **M01085** (3)  
SIC, INC.

Principal Office Address: 986 N.E. 84TH STREET MIAMI FL 33138  
Mailing Address: 986 N.E. 84TH STREET MIAMI FL 33138

2. Date of Incorporation or Qualification: <b>05/22/1984</b>		3B. Date of Last Report: <b>05/19/1994</b>	
21. State of Incorporation: <b>26. Mailing Address:</b>	4. FIC Number: <b>59-2418102</b>		Applied Fee: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. State Agent: <b>27. State Agent:</b>	5. Certificate of Status Desired: <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
23. Public Officer: <b>28. Public Officer:</b>	6. Election Campaign Financing Trust Fund Contributions: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
24. <b>25. 29. 30.</b>	8. This corporation has liability for intangible tax under § 199.002, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MELENDEZ, CARLOS J.</b> <b>986 NE 84 STREET</b> <b>MIAMI FL 33138</b>				B1. Name:			
				B2. Street Address (P.O. Box Number, if Not Applicable):			
				B3. City:			
				B4. City: <b>FL</b>	B5. Zip Code:		

11. I, the undersigned, as Secretary of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office and registered agent as set forth 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 a natural citizen of the State of Florida and I am over 21 years of age.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME: <b>P MELENDEZ, CARLOS J.</b>	986 N.E. 84TH STREET MIAMI FL 33138	1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>V/T MELENDEZ, CAROLE B.</b>	986 N.E. 84TH STREET MIAMI FL 33138	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>V APRIGLIANO, MARK</b>	986 N.E. 84TH STREET MIAMI FL 33138	3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>S MELENDEZ, MICHAEL M</b>	986 N.E. 84TH STREET MIAMI FL 33138	4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntary, true, correct and does not qualify for the exemption stated in Sections 199.001 (a) Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect as if made under oath. That the corporation or director of the corporation and the officer or trustee authorized to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on the back of the report or other official document with an address.

SIGNATURE: *Carole B. Melendez* 5/15/95 305 751-0015  
 NAME OF SIGNING OFFICER OR DIRECTOR: **CAROLE B. MELENDEZ**