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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01085

(3)

SIC, INC.

FILED									
Apr 28 1997 8:00am									
Secretary of State									

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·			HAM THAN BIBIT BIRIS BIRIS BIRIS BIRIS			
Principal Place of Business	Mailing Address	i improstre ire operat ablos ištini nire i	- I Tablesh in berek kien bekek teken bin bin bin bin bin bin bin bin bin bi			
GOO N.E. BATH STREET MIAMI FL 33130	986 N.E. 84TH STREET MIAMI FL 33138-3652					
		 Date Incorporated or Qualified 05/22/1984 	3a. Date of Last Report 05/01/1996			

05/22/1984

2. Principal P	lace of Businoss	2a, Mailing Address			4. FEI Number	Ap	plied For		
21		26				59-2418102	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22		27					Fee Re		
City & Stat	в	City & State				6. Election Campaign Financing	\$5.00		
23 Zip	Country	28		nde.		Trust Fund Contribution	Added t		
24	25	Zip 29	30	ntry		8. This corporation has tiability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
241	9. Name and Address of Current		[30]			10. Name and Address of New Register			
MELENDEZ, CARLOS J.					e	10, trains and received or new trogistor	oo Agont		
966 NE 84 STREET									
	MI FL 33138			82 Street Address (P.O. Box Number is Not Acceptable)					
· ·	III 1		Į.	83					
				<u> </u>			···-		
1 30				84 City		F	85 Zip (Code	
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 r	egistered agont, or both, in the State or m familiar with, and accept the obligati	l Florida. Such change was a ons of, Section 607,0505, Flo	authorized orida Stati	d by the c utes.	orporatio	on's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE			_)	
	Signature, typed or printed name of registered agent			Agent signa	ule required	d whon reinstating) DAT			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change		
TITLE	MELENDEZ, CARLOS J.	C) OFFEETE	1.17()		}		Unange	☐ Addition (
NAME	988 N.E. 84TH STREET		1.2 NA					ţ	
STREET ADDRESS	MIAMI FL 33138			REET ADDRES	s				
CITY-ST-ZIP	V/T	0ELETE 2.1 T		IY-\$1-ZIP			Change	Addition	
NAME	MELENDEZ, CAROLE B.	C. Otter		-	-		Orlange	C Madillon	
STREET ADDRESS) and the simulations		1	2.2 NAME 2.3 STREET ADDRESS				ì	
CITY-ST-ZIP	MIAMI FL 33138			NTET ADDINES 11Y-ST-ZIP	`			j	
TITLE	V	DELETE	3 1 TIT		·		Change	Addition	
NAME	APPROLITATIO MADIC		3.2 NA	ME.	1				
STREET ADDRESS	986 N.E. 84TH STREET		3.3 ST	REET ADDRES	s			Í	
CITY-ST-ZIP	MIAMI FL 33138			TY-ST-21P	}			1	
TITLE	S	DELETE	4,1 117		1		Change	Addition	
NAME	MELENDEZ, MICHAEL M	/ V	4. 2 N	AME	1			ĺ	
STREET ADDRESS	986 N.E. 64TH STREET		4 3 ST	REET ADDRES	s			Ì	
CITY-ST-ZIP	MIAMI FL 33138		4.4 (1)	Y-ST-ZIP	- [l	
TITLE		DELETE	5.1 (1)	LE			Change	☐ Addition	
NAME	H		52 NA	ME	}			Ì	
STREET ADDRESS			5.3 S1	REET ADDRES	s (Į	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		DELETE	61117	l F			☐ Change	Addition	
NAME			6.2 NA	ME				l	
STREET ADDRESS			6.3 \$11	6.3 STREET ADDRESS		ì		. 1	
CITY-ST-ZIP				Y-ST-ZIP					
14. I do heret	by certify that the information supplied	with this filing does not qualif	v for the	exemption	stated i	in Section 119.07(3)(i), Florida Statutes, I fur	ther certify that t	the	

I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this equival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the acceptor of 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 my an attachment with an address.

(305)751-0015