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PROFIT CORPORATION ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M27215

(6)

SIVAN, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

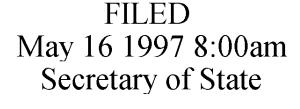
CITY-ST-ZIP

TITLE NAME

TITLE

NAME

()



Principal Pla	ace of Busines	<u> </u>	Mailing Address	Mailing Address								
18425 COLLINS AVENUE			J	16425 COLLINS AVENUE								
# 2016			# 2016	# 2016								
GUNNY ISLE	S FL 33160		SUNNY ISLES FL	. 33160-4542			-	3. Date Incorporated or Qualified	1 3- 10	ate of Last Re		
								02/11/1986		01/1996	SPANT.	
2. Principal	Place of Busin	ness	2a, Mailing Add	2a. Mailing Address				4. FEI Number		Ар	plied For	
21			26	26				59-2690049			t Applicable	
Suite, Ap	ot. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22			27							Fee Re	quired	
City & St	ale		City & State					6. Election Campaign Financing	_	\$5.00		
23			28					Trust Fund Contribution		Added t	o Fees	
Zip		Country	<u></u>	Zip Gour			• The corporation the massing		for intangible tax under s 199.032			
24		25	[29]					Florida Statutes				
9. Name and Address of Current Registered Agent								10. Name and Address of New H	egisterea	Agent		
UNGER, IRENE						Name	;					
16425 COLLINS AVENUE					82	Street	Address	s (P.O. Box Number is Not Accepte	ible)			
SUNNY ISLES FL 33160					83	ļ						
						•						
						City		FL 85 7ip Code				
11. Pursua	nt to the provis	sions of Sections 607.	0502 and 607.1508, Flori	da Statutes, t	the abov	e-named	d corpora	ation submits this statement for the 's board of directors. Thereby acce	purpose o	of changing it	s registered	
office o	r register ed ag	pent, or both, in the St ith, and accept the of	Ate of Florida. Such char Nations of Section 607	nge was auth 1.0505. Florida	iorized b a Statute	y the cor s	rporation	's board of directors. I hereby acce	opt the gy	pointmont as	registered	
l		V3 0, 0	No						4/7	X/97	/	
SIGNATUR	Signature, typed	d granted name of registered	Lagent and tile if a pile thr	(NOTE Re	gistered Ag	ent signatur	re required t	when reinstating)	//DATE	/://		
12.		OFFICERS	AND DIRECTORS	,	13.	., ,		ADDITIONS/CHANGES TO OFF	CERS AN			
TITLE	P		الملو	ELETE	1.1 TillE					L_J Change	Addition	
NAME		MELANIE		1.2 N		1,2 NAME						
STREET ADDRES	-		1.3 \$									
CITY-ST-ZIP	SUNNY	isles fl			1:4 CHY-	ST-74P						
TITLE	8			ELETE	21 HILE					☐ Change	Addition	
NAME	UNGER,				2.2 NAME		1					
STREET ADDRES		1 10 1EG GGERMA 11 ELICA				i address	IDRESS					
CITY-ST-ZIP	SUNNY I	ISLES FL			2, 4 CITY-	ST-7IP						
TITLE	Ì			ELFTE	3 1 11TLE					L Change	Addition	
NAME					3,2 NAME							
STREET ADDRES	ss				3,3 STR{1	1 ADDRESS						
CITY-ST-ZIP					3,4. CITY-	S1-7IP	_					
TITLE				ELETE	4.1 TITLE					Change	Addition	
NAME					4. 2 NAME							
STREET ADDRES	ss				4,3 \$1RE	LADDRESS						

14. I do 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 suppliemental 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 trusted 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.

4,4 C(1Y - S1 - 2()

5.4 CITY - S1 - 7IP

G3 STREET ADDRESS

5.1 1/11/0

5,2 NAME 5,3 STREET ADDRESS

611011

6.2 NAME

DELETE

DELETE

1000 us. 4/21/9-

Change

Change

Addition

Addition