

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90113 004 \*\*\*150.00

• PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M32134

1. Corporation Name  
**S.A. SIGLER CORPORATION**



Principal Place of Business  
 1410 PALM AVE.  
 HIALEAH FL 33010

Mailing Address  
 1410 PALM AVE.  
 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/15/1986**

4. FEI Number **59-2692762** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State

27 City & State

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIGLER, PEDRO**  
**1502 WEST 3RD AVENUE**  
**HIALEAH FL 33010**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGLER, PEDRO	1.2 NAME	
STREET ADDRESS	1502 WEST 3RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	
TITLE	<del>ACOSTA, ARMANDO</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ACOSTA, ARMANDO</del>	2.2 NAME	
STREET ADDRESS	<del>490 WEST 39TH PLACE</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>HIALEAH FL 33012</del>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE REQUIRED **SIGLER, PEDRO** PRESIDENT 1/27/99 JAT-897-6298  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)