

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 19, 1999 8:00 am
Secretary of State
 07-19-1999 90008 027 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **M55033**

1. Corporation Name
SIERT ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1000 BRICKELL AVE STE 1000 MIAMI FL 33131-3013
 1000 BRICKELL AVE STE 1000 MIAMI FL 33131-3013
 US US

3. Date Incorporated or Qualified
07/06/1987

2. Principal Place of Business 2a. Mailing Address
255 Alhambra Circle Suite #404 Coral Gables, FL 33134 USA
255 Alhambra Circle Suite #404 Coral Gables, FL 33134 USA

4. FEI Number Applied For
59-2843896 Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
SIERT, NORRIS
1000 BRICKEL AVE. STE 1000
MIAMI FL 33131-3013

10. Name and Address of New Registered Agent
 81 Name **Siert, Norris**
 82 Street Address (P.O. Box Number is Not Acceptable) **255 Alhambra Circle**
 83 **Suite #404**
 84 City **Coral Gables** FL 85 Zip Code **33134**

11. Pursuant to the provisions of sections 607.0572 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: *Norris Siert* (NOTE: Registered Agent signature required when reinstating) DATE: **7/6/99**

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SIERT, NORRIS
STREET ADDRESS	1000 BRICKELL AVE. STE 1000
CITY-ST-ZIP	MIAMI FL 13
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Siert, Norris
1.3 STREET ADDRESS	255 Alhambra Circle Suite #404
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Norris Siert* (Norris Siert), President 7/6/99 (305)461-053

CR2E4 (5/99)

M55033
590421-90008-27

Siert Associates, Inc.

Norris Siert
President

255 Alhambra Circle—Suite 404
Coral Gables, Florida 33134-7411
Telephone 305/461-1153

July 6, 1999

Division of Corporations
Florida Department of State
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I recently received the enclosed "Second Notice" 1999 Profit Corporation Annual Report. Upon checking my records, I discovered that I had already submitted the 1999 report on January 15, 1999 along with my company check for \$150 as required. A further check revealed, however, that the check had never cleared my bank. I can only assume that the check and annual report were lost somewhere between my mailbox and yours.

At the suggestion of one your taxpayer service people who answered my call this morning, I am enclosing the Annual Report along with the regular \$150.00 annual report fee. This letter is my appeal of the additional \$400.00 "late filing" fee. The basis of my appeal is my good faith effort to file the Annual Report on a timely basis. I hope that you will agree that the penalty is not appropriate in these circumstances and will will waive it for this year.

Please let me know if I can provide any additional information.

Very truly yours,

