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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # M77013 (4)
 1. Corporation Name
SIDAN FINANCIAL SERVICES, INC.



Principal Place of Business: % SAAID SIDAN, P.O. BOX 5144, HIALEAH FL 33014-8144
 Mailing Address: % SAAID SIDAN, P.O. BOX 5144, HIALEAH FL 33014-1144

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		04/14/1988	04/18/1996
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		65-0049436	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		<input type="checkbox"/>	<input type="checkbox"/>
26. Country		31. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27. Country		32. Country		<input type="checkbox"/>	<input type="checkbox"/>
28. Country		33. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Country		34. Country		<input type="checkbox"/>	<input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIDAN, SAAID 5397 W. 14TH CT. HIALEAH FL 33012				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDAN, SAAID	1.2 NAME	
STREET ADDRESS	5397 W. 14TH CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDAN, AIDA	2.2 NAME	
STREET ADDRESS	5397 W. 14TH CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	2.4 CITY - ST - ZIP	
TITLE		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		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		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		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 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 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, changed, or on an attachment with an address.

SIGNATURE: SAAID SIDAN 4/23/97 (305) 822-5053
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0119915

CR2E034 (9/96)