

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77574** (5)

1. Corporation Name

SICU LAND CORP.

Principal Place of Business

**2643 NW 20TH ST
MIAMI FL 33142
US**

Mailing Address

**2643 NW 20TH ST
MIAMI FL 33142
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Reincorporated 04/22/1988	3a. Date of Last Report 04/18/1994
4. FEI Number 59-2001502	Applied For ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business 21	26. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**PREISS, KURT
2643 NW 20TH ST
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, if Other than Home or Hotel Accommodation	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 609.02(2) and 609.02(3), Florida Statutes, the above named corporation adopts 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 this appointment as registered agent. I am familiar with and accept the responsibilities of Section 609.02(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Designated Agent

Signature of New Registered Agent or Designated Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	PREISS, KURT	1. NAME	
STREET ADDRESS	2643 NW 20TH ST	1. STREET ADDRESS	
CITY & STATE	MIAMI FL	1. CITY & STATE	
NAME		2. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		2. CITY & STATE	
NAME		3. NAME	☐ Change ☐ Addition
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		4. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
NAME		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 112.07(1)(b), 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 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT PREISS

4/26/95

(305) 638-4608

Date

Telephone No.