

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90009 040 \*\*\*550.00

DOCUMENT # **P02652**

Corporation Name

**SIRKIN FINANCING, INC.**

Principal Place of Business

**PONCE DE LEON BLVD.  
SUITE 501  
CORAL GABLES FL 33134**

Mailing Address

**901 PONCE DE LEON BLVD.  
SUITE 501  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/10/1984**

Principal Place of Business

2a. Mailing Address

**26**

4. FEI Number

**52-1245023**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

City & State

**28**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

**25**

Zip

Country

**29**

**30**

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IRIONDO, ANDRES J.  
901 PONCE DE LEON BLVD., SUITE 501  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**PD** ☐ DELETE  
**BENKO, CATALINA**  
EDIFICIO LA PIRAMIDE, PISO 2  
OFF. 203-PARQUE HUMBOLDT CA VEN. -1080

1.1 TITLE

☐ Change ☐ Addition

**VSD** ☐ DELETE  
**BECKHOFF, LONGINOTTI**  
EDIFICIO LA PIRAMIDE, PISO 2 OFF. 203  
OFF. 203 PARQUE HUMBOLDT CA VEN. -1080

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

**DS** ☐ DELETE  
**BECKHOFF, ENRIQUE**  
EDIFICIO LA PIRAMIDE, PISO 2 OFF. 203  
PARQUE HUMBOLDT, CARACAS VEN 1080

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

☐ DELETE  
ET ADDRESS  
ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

☐ DELETE  
ET ADDRESS  
ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

☐ DELETE  
ET ADDRESS  
ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

**CATALINA BENKO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/1999

58-2-979.0487

Date

Daytime Phone #

CR2E034 (5/99)