FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED		
PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		Jan 29 1998 8:00am			
		77	CORPORATIONS		Secretary	7 of S	tate
DOCU 1, Corporation	MENT # P3463	2 (0)		****			
;	STICS SERVICES INCORPOR	RATED					
				_			
Principal Place of Business Mailing Address					1 18311884 111 1111 81818 81168 11210 11	ı altıl bişis alalı bi	BIT #1#1(BIB)4 18#1
1612 NORTHWEST 84TH AVE 1612 NORTHWEST 84TH A MIAMI FL 33126-8032 MIAMI FL 33126-8032					DO NOT WRITE IN	N THIS SPACE	
1					3. Date Incorporated or Qualified		-
2 Principal D	Non of Flusiness	Do Mailing Address		. <u> </u>	07/11/1991 4. FEI Number		14
2. Principal P	Place of Business	2a. Mailing Address			13-3576273	<u> </u>	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5 Additional Required
City & Stat	e	City & State			6. Election Campaign Financing		00 May Be
23 Zip	Country	28	Country	· -			led to Fees
24	25		30		This corporation owes or has paid Personal Property Tax due June 30		∏ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent	
CT CORPORATION SYSTEM				Name		-	
1200 S. PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
} F	PLANTATION FL 33324		83				
			84	City		lee! ·	Zip Code
ļ				-			•
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligat	and 607,1508, Florida Statutes of Florida, Such change was au ions of, Section 607,0505, Flori	s, the above thorized by ida Statutes	a-named cor the corpora s.	poration submits this statement for the puration's board of directors. I hereby accept t	pose of changir he appointment	ng its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE.	Registered Age	ant signatura requ	lired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PCD	DELETE	1.1 TITLE			L Chan	ge 🔟 Addition
NAME OXDEST ARROSON	SANTISTEVAN, EDUARDO 180 MAIDEN LANE		1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	NEW YORK NY		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
TITLE	VD VD	DELETE	2.1 TITLE	11-215		Chan	ge Addition
NAME	ELINSON, ARTHUR		2.2 NAME				
STREET ADDRESS	1612 N.W. 84TH AVENUE		2.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		2, 4 CITY - 3	ST-ZIP		-	
TITLE	S DIRECTL IAMES D. I	DELETE	3.1 TITLE			∐ Chan	ge Addition
NAME	RUSSELL, JAMES R. L. 180 MAIDEN LANE		3.2 NAME				
STREET ADDRESS	NEW YORK NY		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	T	DELETÉ	3.4. CITY-ST-ZIP 4.1 TITLE			☐ Chan	ge Addition
NAME	O'GRADY, BRENDAN		4. 2 NAME				
STREET ADDRESS	180 MAIDEN LANE		4,3 STREET	ADDRESS			
CITY-ST-ZIP	NEW YORK NY		4.4 CiTY - S	B.			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I turther 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 chapter or on an attachment with property and statutes.

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

D

DELANNEY, SUSANA D.

180 MAIDEN LANE

HARVEY, ROBERT C.

180 MAIDEN LANE

NEW YORK NY

NEW YORK NY

TITLE

TITLE

NAME

DELETE

DELETE

Change

☐ Change

___ Addition

___ Addition