


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90065 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P92000007288</b>			
1. Corporation Name <b>SIDALCO, INC.</b>			
Principal Place of Business <b>7481 W. OAKLAND PARK BLVD.          FIRST FLOOR          FT. LAUDERDALE FL 33319          US</b>		Mailing Address <b>7481 W. OAKLAND PARK BLVD.          FIRST FLOOR          FT. LAUDERDALE FL 33319          US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent <b>AZIZ, ALI          7481 W. OAKLAND PARK BLVD.          FIRST FLOOR          FT. LAUDERDALE FL 33319</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 NAME STREET ADDRESS CITY-ST-ZIP	VPS ALI, AZIZ 7481 WEST OAKLAND PARK BLVD, FIRST FLOOR FT. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT Ali, Aziz 7481 W. OAKLAND PARK BLVD, FIRST FLOOR FT. LAUDERDALE FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SIDDIQUI, HAMID I 7481 WEST OAKLAND PARK BLVD, FIRST FLOOR FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[Empty]

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)