

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000003171 (4)

1. Corporation Name
SIOR SERVICES, INC.



Principal Place of Business 1001 SOUTH BAYSHORE DRIVE SUITE 1712 MIAMI FL 33131	Mailing Address 1001 SOUTH BAYSHORE DRIVE SUITE 1712 MIAMI FL 33131-4939
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1993	3a. Date of Last Report 03/18/1996
21	26			4. FEI Number 65-0381242	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	28				
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OSIO, DAVID J 1001 SOUTH BAYSHORE DRIVE SUITE 1712 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	1.1 TITLE	
NAME	RIVERO, RAFAEL	1.2 NAME	
STREET ADDRESS	330 GRECO AVENUE, SUITE 108	1.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33146	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSIO, SAMANTHA	2.2 NAME	
STREET ADDRESS	330 GRECO AVENUE, SUITE 108	2.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33146	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSIO, DAVID	3.2 NAME	
STREET ADDRESS	1001 SOUTH BAYSHORE DR., SUITE 1712	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	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 included 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 of this filing or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL RIVERO PRES.

4/4/97

Date

Daytime Phone #

0170636

CR2E034 (9/96)