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

AMENDED ANNUAL REPORT

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
99 APR 21 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003171**

1. Corporation Name
SIOR SERVICES, INC.

Principal Place of Business
1001 SOUTH BAYSHORE DR.
SUITE 1712
MIAMI, FL. 33131

Mailing Address
1001 SOUTH BAYSHORE DR.
SUITE 1712
MIAMI, FL. 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. # etc.
22 **2104** City & State
23 Zip / Country
24 25

2a. Mailing Address
26 Suite, Apt. # etc.
27 **2104** City & State
28 Zip / Country
29 30

3. Date Incorporated or Qualified
01/13/1993

4. FEI Number
65-0381242
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 Fee

8. Does corporation owe the current year Intangible Personal Property Tax? X Yes No

9. Name and Address of Current Registered Agent

OSIO, DAVID J.
1001 SOUTH BAYSHORE DR.
SUITE 1712
MIAMI, FL. 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 2104
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The party accepting the appointment as registered agent is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	RIVERO, RAFAEL	
STREET ADDRESS	330 GRECO AVENUE SUITE 108	
CITY-ST-ZIP	CORAL GABLES, FL. 33146	
TITLE	SD	[ ] DELETE
NAME	OSIO, SAMANTHA	
STREET ADDRESS	330 GRECO AVENUE SUITE 108	
CITY-ST-ZIP	CORAL GABLES, FL. 33146	
TITLE	TD	[ ] DELETE
NAME	OSIO, DAVID	
STREET ADDRESS	1001 SO. BAYSHORE DR. #2104	
CITY-ST-ZIP	MIAMI, FL. 33131	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] CHANGE [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] CHANGE [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	[ ] CHANGE X ADD
NAME	MALDONADO, PATRICIA	
STREET ADDRESS	14932 SW 143rd COURT	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		[ ] CHANGE [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] CHANGE [ ] ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: X
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
DAVID OSIO TREAS.

4/13/99
Date

305-577-8999
Daytime Phone Number