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Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000019417 (3)

1. Corporation Name  
SINAR WEST, INC.

Principal Place of Business  
717 NE 16TH AVE  
#C  
FTLAUDERDALE FL 33304  
US

Mailing Address  
717 NE 16TH AVE  
FT LAUDERDALE FL 33304-2901  
US



3. Date Incorporated or Qualified 03/11/1993  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0391382		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN LIGTEN, SUZANNE M 5420 NW 86TH TERRACE CORAL SPRINGS FL 33067				81. Name MARK ASMUS			
				82. Street Address (P.O. Box Number is Not Acceptable) 717 NE 16TH AVE			
				83. #C			
				84. City FT. LAUDERDALE FL 85. Zip Code 33304			

11. Pursuant to the provisions of Sections 607.0507 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 *Mark Asmus* MARK ASMUS 1/3/97  
(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			
TITLE	T	NAME	VAN LIGTEN, SUZANNE M	1.1 TITLE		Change	Addition
STREET ADDRESS			5420 NW 86TH TERRACE	1.2 NAME			
CITY-ST-ZIP			CORAL SPRINGS FL	1.3 STREET ADDRESS			
TITLE	P	NAME	ASMUS, MARK	1.4 CITY-ST-ZIP			
STREET ADDRESS			717 NE 16TH AVE SUITE C	2.1 TITLE		Change	Addition
CITY-ST-ZIP			FT LAUDERDALE FL	2.2 NAME			
TITLE	V	NAME	CHRISTIAN VAN DEN HEUVEL	2.3 STREET ADDRESS			
STREET ADDRESS			1308 ROLAND	2.4 CITY-ST-ZIP			
CITY-ST-ZIP			BELLINGHAM, WA 98226	3.1 TITLE		Change	Addition
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		Change	Addition
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		Change	Addition
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		Change	Addition
TITLE		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 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: *Mark Asmus* MARK ASMUS 1/3/97 954-779-2767  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)