

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Joseph B. Martinez
 Governor
 1995

**APPROVED
 AND
 FILED**

95 MAY -1 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000047115 (9)

SIPARUSH, INC.

This report is filed at:
**728 ENFIELD ST
 BOCA RATON FL 33487**

My office address is:
**728 ENFIELD ST.
 BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

1. Date of Incorporation in Florida 06/28/1993	3a. Date of Last Report 03/21/1994
2. Designation of Corporation 21	2b. Mailing Address 26
3. Filer Number 65-0424529	4. Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for information under S. 1997(2)(b) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEITZ, PATRICIA 728 ENFIELD ST. BOCA RATON FL 33487		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
	85. Zip Code		

11. I, signatory to this report, certify that the information contained herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION
NAME: D WEITZ, SIDNEY STREET ADDRESS: 728 ENFIELD ST. BOCA RATON FL 33487 CITY: _____ STATE: _____ ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME: D WEITZ, PATRICIA STREET ADDRESS: 728 ENFIELD ST. BOCA RATON FL 33487 CITY: _____ STATE: _____ ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add New
NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add New
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NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add New

14. I, signatory to this report, certify that the information contained herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Patricia Weitz* **PATRICIA WEITZ** 5/1/95 407-997-5826