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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # P93000052267 (0)

1. Corporation Name

SIPAN CORPORATION

Principal Place of Business	Mailing Address
~~100 N. BISCAYNE BLVD. SUITE 1302 MIAMI FL 33132~~	~~100 N. BISCAYNE BLVD. SUITE 1302 MIAMI FL 33132~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1993
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.: 168 SE 1st STREET #1101	27 Suite, Apt. #, etc.: 168 SE 1st STREET #1101
23 City & State: MIAMI FL.	28 City & State: MIAMI, FL.
24 Zip: 33131 / 25 Country: DADE	29 Zip: 33131 / 30 Country: DADE

4. FEI Number: NOT APPLICABLE 65-0425450 — 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 Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS, INC. 200 SE FIRST STREET (PH) MIAMI FL 33131	81 Name: MARCELO LEONE 82 Street Address (P.O. Box Number is Not Acceptable): 168 SE 1st STREET #1101 83 84 City: MIAMI, FL. FL 85 Zip Code: 33131

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: X [signature] 11/01/95

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	
TITLE	D	1 TITLE	[ ] Change [ ] Addition
NAME	LEONE, ALDO	1 NAME	
STREET ADDRESS	261 CRANDON BLVD #835	1 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1 CITY-ST-ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] MARCELO LEONE, DIRECTOR 305-375-8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/95

0133606 CP